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ABSTRACT

The Recovery Month observance highlights the societal benefits of substance abuse treatment, lauds the contributions of treatment providers, and promotes the message that recovery from substance abuse in all its forms is possible. The observance also encourages citizens to take action to help expand and improve the availability of effective substance abuse treatment for those in need. Each year a new theme, or emphasis is selected for the observance. This year's theme, "Join the Voices for Recovery: Celebrating Health," is intended to focus national attention on the problem of co-occurring and co-existing disorders that further complicate treatment and recovery. Parents and families, schools and the education community, health and wellness professionals, health insurers, justice and child welfare systems, community-based and service organizations, and employers can used the enclosed materials to help spread the word that treatment is effective and recovery is possible. This kit contains information on the many benefits of treatment including less crime, more productive schools and workplaces, and savings to the health care system. In addition, this kit includes information and resources that can be used to reach out to local media. Additional resources include a directory of federal agencies and resources, and a single state agency directory. (GCP)

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ED 479 360

Join the Voices for Recovery: Celebrating Health

National Alcohol & Drug Addiction *Recovery Month*

U.S. Department of Health & Human Services
Substance Abuse and Mental Health
Services Administration
Center for Substance Abuse Treatment
www.samhsa.gov

September 2003

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

Dear ***Recovery Month*** Participant:

I welcome the opportunity to support the 14th annual ***National Alcohol and Drug Addiction Recovery Month***. Once again, I am privileged to join your organization and many others in promoting this year's theme—***"Join the Voices for Recovery: Celebrating Health."***

As you know, substance abuse is a national tragedy. Not only does substance abuse destroy the lives of those suffering from addiction, it is an illness that ravages families and communities across our Nation. Access to substance abuse treatment services is a compassionate public policy and a sound investment. It is a top priority for President Bush. He has pledged a $1.6 billion increase in Federal funding for substance abuse treatment over 5 years.

As the voices of those in treatment and recovery band together this September, it is abundantly clear attaining and sustaining recovery is about the healing process and becoming a contributing member of our Nation. Thank you for your continued efforts to support treatment and promote recovery.

Sincerely,

Tommy G. Thompson

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, D.C. 20503

Dear Friends and Colleagues:

September 2003 marks the 14th annual ***National Alcohol and Drug Addiction Recovery Month***. It is an appropriate time to celebrate the progress that has been made and to face the challenges that remain. ***Recovery Month*** reaffirms the crucial role of substance abuse treatment in our nation's efforts to reduce illicit drug use and addiction and promote recovery.

President Bush honors the courage of communities, families, and individuals that have overcome adversity and now serve as an inspiration to those individuals and their families who still struggle with the challenge of substance abuse. As he said in his 2003 State of the Union address, "Addiction crowds out friendship, ambition, moral conviction and reduces all the richness of life to a single destructive desire. For those who are addicted, the fight against drugs is a fight for their own lives." Fortunately, as the President noted, "Our Nation is blessed with recovery programs that do amazing work... Let us bring to all Americans who struggle with drug addiction this message of hope: The miracle of recovery is possible, and it could be you. "

To promote the miracle of recovery, the President has proposed a new three-year, $600 million initiative that puts substance abuse treatment within reach of all Americans who need it. It will broaden and strengthen the treatment system at the same time that it expands access to the right treatment. We know that treatment works. But we also know that there are too many Americans who, for a variety of reasons, cannot access the treatment they need. This initiative for the first time delivers resources for treatment directly to those who need it. By giving people a choice, and the means to connect them with effective treatment, we will be able to more immediately help drug users who have recognized their problem. This program will also strengthen the overall drug treatment system by increasing accountability.

During ***Recovery Month*** you can join our efforts, as you can throughout the year, by raising your voice at the local level to highlight the benefits of substance abuse treatment. Those of you dedicating your lives to helping others in need of treatment serve to motivate us all to do more. Please know that the importance of your work and your commitment to it are deeply appreciated. Millions of lives are recovered each year by committed and capable individuals providing high quality treatment.

The White House Office of National Drug Control Policy is pleased to join the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration in celebrating the effective provision of assistance to those in need of treatment, their families, and the communities in which they live and work.

Best wishes,

John P. Walters
Director

DEPARTMENT OF HEALTH & HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Center for Mental Health Services
Center for Substance Abuse Prevention
Center for Substance Abuse Treatment
Rockville MD 20857

Dear Friends:

This September marks the 14th observance of ***National Alcohol and Drug Addiction Recovery Month*** (***Recovery Month***). ***Recovery Month*** is celebrated to promote the message of recovery, applaud the courage of people in recovery, and recognize the contributions of treatment providers. The celebration is also used to encourage support for effective addiction treatment and recovery services for those in need. This year's theme, "***Join the Voices for Recovery: Celebrating Health***," is intended to focus national attention on the problem of co-occurring and co-existing disorders that further complicate treatment and recovery.

Parents and families, schools and the education community, health and wellness professionals, health insurers, justice and child welfare systems, community-based and service organizations, and employers can use the enclosed materials to help spread the word that treatment is effective and recovery is possible. In addition, the kit contains information on the many benefits of treatment including less crime, more productive schools and workplaces, and savings to the health care system. In addition, this kit includes information and resources that can be used to reach out to your local media. It is our hope that as we promote ***Recovery Month*** nationally, you will work at the local level to share this information with others in your State and community who can make a difference.

We thank you for your efforts to educate others on the benefits of effective substance abuse and addiction treatment. Our years of experience have shown our voices can make a difference.

Sincerely,

Charles G. Curie, M.A., A.C.S.W.
Administrator
Substance Abuse and Mental Health Services Administration

H. Westley Clark, M.D., J.D., M.P.H.
Director
Center for Substance Abuse Treatment

Enclosures

Get Connected Online!

National Alcohol & Drug Addiction Recovery Month

www.recoverymonth.gov

This web site is a service of the U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT).

Recovery Month information, resources, and materials are as close as www.recoverymonth.gov. You can learn how to plan and organize local *Recovery Month* events, chat and share ideas with other organizers, publicize your community events, and stay informed about activities nationwide.

While Online You Can:

- ☐ Take a Virtual Tour of the 2003 *Recovery Month* Kit
- ☐ Order FREE Materials
- ☐ Chat with Substance Abuse Treatment Experts
- ☐ View Live Webcasts, Video Infomercials, and PSAs
- ☐ Obtain Planning Tips
- ☐ Visit the *Recovery Month* Press Room for the Latest Media Updates and Alerts
- ☐ Post Your Local Events by State
- ☐ Link to Other Resources/Activities

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
www.samhsa.gov

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Sample Media Advisory

(Name of your organization) to Hold Forum on Drug and Alcohol Treatment Services

In recognition of the 14th annual observance of ***National Alcohol and Drug Addiction Recovery Month (Recovery Month)***, [name of your official] will announce that the [name of your organization] will hold a Forum to discuss the shortage of drug and alcohol treatment services in [name of your community]. In making the announcement, [name of official] said that it is currently estimated that nationwide 76 percent of people in need of treatment for a problem with illicit drugs did not seek or receive treatment. Consequently, this Forum will look at how the national reality impacts [name of your community].

A primary area of focus for the discussion will address the need for coordinated mental health and substance abuse treatment services in the community. Coordinated services for men, women, and youth who are addicted to drugs and/or alcohol and who also have a co-occurring mental disorder or co-existing physical illness are crucial to the individual's well-being and the health of the community-at-large. The Forum is especially timely in light of the fact that this year's national theme is ***"Join the Voices for Recovery: Celebrating Health."***

The Forum will feature speakers from the recovery community, health and wellness providers, local public officials and civic leaders, and employers (whoever is in attendance).

Participants:	[add the name of your local official]
	[add the name of a representative from your organization]
	[add the names of leaders in recovery who are participating]
Date:	[day and month]
Time:	[time of the event]
Place:	[address of where the event will be held]
Contact:	[name of the person from your organization who will field phone inquiries]
Phone number:	[contact person's phone number]

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Tips on Writing and Placing a Media Advisory

A media advisory is a simple way to inform local media outlets about an upcoming press conference or briefing. This document provides print, broadcast, and Internet reporters with the information they need to plan and cover your activity. Below are some suggestions for successfully distributing your advisory.

Place it on the "daybooks" and in "week-ahead" columns. Call newswire services in your city or state, such as the Associated Press or United Press International, and ask them to place the advisory on their daybooks—a daily listing of all activities that the media are invited to attend—the week before, the day before, and the day of the event. Ask for the name of the daybook editor and the fax number. Also try to place the advisory in the "week-ahead" columns or calendar listings of local newspapers and business publications that feature upcoming activities.

Create a media list. Send the advisory to local media outlets in your community one week before your event. To do so, you should develop a current media list—a fundamental tool of public relations. Your list of media outlets must be accurate and up-to-date to effectively reach reporters with your story. This list can also be used when distributing your press release. Here are some tips to get you started:

1. Check your local library or bookstore for media directories of daily and weekly newspapers, television stations, radio stations, newswire services, Internet news outlets, magazines, newsletters, and business trade publications in your community. Some examples of media directories include Bacon's directories, the Yellow Book, and Gebbie's *All-In-One Directory*. Use the phone book or the Internet to supplement your list.

2. Once you have developed a list of phone numbers and addresses, call each outlet to verify the information and to determine which editors and reporters are the most appropriate for your news.

3. For each print and broadcast media outlet, create a list with the following information: name of media outlet, address, telephone number, fax number, and the names and titles of specific reporters or editors who cover substance abuse/drug treatment and health-related issues. Today, most reporters and editors prefer information to be emailed to them; therefore secure an email address where possible. You should also determine the best time to call each reporter (i.e., how far in advance/what time of day) about your event.

4. Be sure to include specialized media on your list, such as African-American, Hispanic/Latino, or other minority newspapers or radio stations. Other specialized media that you may wish to include are university/college newspapers; television and radio stations; small community papers or neighborhood newsletters; and publications produced by local organizations, such as businesses, hospitals, women's centers, health care clinics, professional associations, churches and other faith-based institutions, drug stores, and local clubs.

Follow up. After you email or fax the media advisory, contact reporters by phone to determine their interest in attending or covering the event. Sometimes the personal touch can make a difference in generating media interest.

You are encouraged to share your plans and activities for *Recovery Month* 2003 with SAMHSA's Center for Substance Abuse Treatment, your colleagues, and the general public by posting them on the official *Recovery Month* web site at http://www.recoverymonth.gov.

We would like to know about your efforts during *Recovery Month*. Please complete the Customer Satisfaction Form enclosed in the kit. Directions are included on the form.

Please send any of your organization's *Recovery Month* promotional samples to: Office of the Director, Consumer Affairs, Center for Substance Abuse Treatment, SAMHSA, 5600 Fishers Lane, Rockwall Building II, Rockville, MD 20857.

For any additional *Recovery Month* materials visit our web site at http://www.recoverymonth.gov or call 1-800-729-6686.

Sample Press Release

For Immediate Release

Contact: (Name of person within your organization who is available to answer questions from the press. Add contact's phone number.)

(Name of your organization) Recognizes *National Alcohol and Drug Addiction Recovery Month* and Calls for Increased Drug and Alcohol Treatment Services

(City and state where your organization is located, date you want press release published) (Name and title of your organization) recognized September as ***National Alcohol and Drug Addiction Recovery Month (Recovery Month)*** and called for more treatment services and better coordination of existing services. It urged the community to support efforts to make substance abuse treatment available to all those in need. Nationally, it is estimated that 76 percent of those in need of treatment for a problem with illicit drugs did not seek or receive treatment. Among those most in need of effective, coordinated services are men, women, and youth who are addicted to drugs and/or alcohol and may also have a co-occurring mental disorder or co-existing physical illness. Millions of people are in need of treatment for both substance abuse and mental disorders, but too often they are undiagnosed, misdiagnosed, or slip through the cracks entirely, such as those in our nation's homeless population. Half of the people living in our streets have co-occurring mental and substance abuse disorders.

Not only do people with co-occurring substance abuse and mental disorders need to be diagnosed, but both disorders must be treated because failure to do so almost assures an exacerbation of health problems. As the U.S. Substance Abuse and Mental Health Services Administration's ***Report to Congress on the Prevention and Treatment of Co-occurring Substance Abuse Disorders and Mental Disorders*** points out: "If one of the co-occurring disorders goes untreated, both usually get worse and additional complications often arise. The combination of disorders can result in poor response to traditional treatments, and increases the risk for other serious medical problems (e.g., HIV, hepatitis B and C, and cardiac and pulmonary diseases)."

"Drug and alcohol abuse and addiction have devastating health and societal consequences. Substance abuse is the root cause of a myriad of health problems—it causes tens of thousands of deaths each year, and untreated addiction takes an enormous economic toll—an estimated $294 billion annually," said (name of spokesperson, title, and organization). "But it can be successfully treated. For this reason, the ***Recovery Month*** 2003 theme, ***'Join the Voices for Recovery: Celebrating Health,'*** is especially appropriate. ***Recovery Month*** is the right time to highlight the benefits of substance abuse treatment and encourage individuals with drug and alcohol problems to begin their journey of recovery," (name of spokesperson).

–more–

During September, communities nationwide join together to help people recognize that substance abuse or addiction to drugs and alcohol is a treatable disease, and that treatment is as effective as it is for other chronic medical conditions, such as diabetes and high blood pressure. However, in the case of co-occurring mental disorders or co-existing physical illnesses, it is important that the substance abuse and mental and physical conditions be treated simultaneously in a coordinated manner. During ***Recovery Month,*** special efforts will be made by the (your organization) to reach out to the health care provider and payer community to encourage their support for effective, available treatment for all those in need.

Recovery Month also celebrates the successes of individuals who are in recovery and acknowledges men and women in the treatment field who dedicate their lives to helping those with addictions.

Locally, several public awareness activities will take place throughout the month of September. (Give examples such as those listed below.)

- A Community Forum will take place on (date/time). At the Forum, many drug/alcohol and treatment-related topics will be discussed, and solutions to associated problems will be presented and addressed.
- Information addressing the effectiveness of treatment and instructing individuals how to get involved in ensuring those in need have access in their community will be distributed to educators, faith leaders, local employers, and others in the community.
- Fund-raising events will be held to raise money to support existing substance abuse treatment programs and services, or to create new ones.

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Helpful Hints for Writing a Press Release

Many news stories are triggered by a timely, well-written press release. While small newspapers may run the release word-for-word or with minor changes, most media use it as background information. Following are some tips to help you write your own release.

- **Always have a good reason for developing a release.** To be useful, a release must be newsworthy. For example, you might issue a release if your organization:
  - Announces the results of a poll, survey, or study on alcohol and drug abuse and addiction
  - Launches a new public education program
  - Begins a new type of service or makes significant changes to existing services
  - Hires a new director or high-level staff person
  - Receives a grant or donation
  - Wants to publicize the local impact of a national news event
  - Forms a special task force
  - Conducts seminars or workshops featuring a local or national celebrity speaker
  - Honors an individual or organization
  - Plans local activities to tie into a well-known day, week, or month
  - Plans an event to issue a ***Recovery Month*** proclamation
- **Stick to the format.** Releases should be typed on your organization's letterhead. At the top of the page, include the name and phone number of a contact for more information. The release should begin with the name of your city and the date. If the release is longer than one page, type "more" at the bottom of each page except the last. Signify the end of the release by typing "###"or "30" centered after the last sentence.
- **Keep it short.** A release should be no more than two pages, double-spaced; it should contain short sentences and paragraphs.
- **Give the most important details first.** Begin with a headline that summarizes the release. The first paragraph should answer the five basic questions—who, what, where, when, and why.
- **Be careful with language.** Avoid using slang or technical terms. If necessary, explain terms.
- **Check for accuracy.** Be sure to verify all spelling, statistics, names, and titles.
- **Write factually.** Opinions should be expressed in direct quotes only. When quoting an individual, get consent before publishing.
- **Seek placement.** Distribute your release via email or fax to local print, broadcast, and Internet reporters in your community. An explanation of how to develop a media distribution list is provided with the sample media advisory. Follow up to encourage them to write or air a story. Try to schedule an interview with an official of your organization. Collect samples of any resulting coverage to document your outreach efforts.

You are encouraged to share your plans and activities for *Recovery Month* 2003 with SAMHSA's Center for Substance Abuse Treatment, your colleagues, and the general public by posting them on the official *Recovery Month* web site at http://www.recoverymonth.gov.

We would like to know about your outreach efforts and community success stories during *Recovery Month*. Please complete the Customer Satisfaction Form enclosed in the kit. Directions are included on the form.

Please send any of your organization's *Recovery Month* promotional samples to: Office of the Director, Consumer Affairs, Center for Substance Abuse Treatment, SAMHSA, 5600 Fishers Lane, Rockwall Building II, Rockville, MD 20857.

For any additional *Recovery Month* materials visit our web site at http://www.recoverymonth.gov or call 1-800-729-6686.

Addressing the Needs of the Troubled in Uncertain Times

We live in troubled times, a period of global uncertainty. We live in a nation transformed. While as a nation we are resilient and optimistic, it is understandable that many Americans feel anxious and unsure about a world that is increasingly unpredictable.

Our nation has a long history that tells us that, in times of stress and anxiety, drug and alcohol abuse may increase– often dramatically. Nowhere is this more true than among men, women, and youth who are addicted to drugs and/or alcohol and who also have a co-occurring mental disorder. In such cases, trauma can trigger an increase in substance abuse and stress-related episodes of a psychiatric problem. It is no small problem. Today, millions of people are in need of treatment for both conditions, but too few receive it.

Unfortunately, as a nation we are ill-equipped to meet the needs of men and women with co-occurring substance abuse and mental disorders. In fact, we are unprepared to provide treatment for most people with substance abuse disorders. In 2001, 76 percent of people in need of treatment for a problem with illicit drugs did not seek or receive treatment. The problem is magnified among those with co-occurring disorders. Too often they are undiagnosed, misdiagnosed, or, like the homeless population, slip through the cracks entirely. Half the people living in our streets have co-occurring mental and substance abuse disorders. Their symptoms are often active and untreated, making it extremely difficult for them to meet their basic needs for food, shelter, and safety.

Because failure to diagnose substance abuse disorders is commonplace, it should come as no surprise that physicians might fail to detect it in a person presenting symptoms of a mental disorder. The problem of failure to diagnose substance abuse was vividly illustrated by a study of primary care physicians and patients with substance abuse. The study showed that 45 percent of patients said their primary care physician was unaware of their substance abuse. Studies show that physicians miss or misdiagnose substance abuse for a variety of reasons, ranging from lack of adequate training in medical school, to skepticism about treatment effectiveness, to discomfort about discussing substance abuse with patients.

Even among those with co-occurring disorders who are properly diagnosed, treatment is often fragmented. In many locations there are two separate systems of treatment, one for those with substance abuse disorders and a different system for those with mental disorders. Yet, good medicine—and common sense—tell us that treatment is most effective when the needs of the whole person are addressed. The substance abuser whose mental disorder is untreated is at high risk for continued problems associated with both conditions. Similarly, a man or woman who is treated for a mental disorder, but whose drinking or drug use is unchecked, is unlikely to make much progress in his or her recovery. In fact, failure to treat both disorders may result in an exacerbation of health problems.

The U.S. Substance Abuse and Mental Health Services Administration's ***Report to Congress on the Prevention and Treatment of Co-occurring Substance Abuse Disorders and Mental Disorders*** underscores this point: "If one of the co-occurring disorders goes untreated, both usually get worse and additional complications arise. The combination of disorders can result in poor response to traditional treatments, and increases the risk for other serious medical problems." Therefore, the mental health, substance abuse, and physical health systems need to communicate with each other and work together for the good of the individual who has co-occurring disorders.

September marks the 14th annual observance of ***National Alcohol and Drug Addiction Recovery Month (Recovery Month)***. The theme for 2003 is ***"Join the Voices for Recovery: Celebrating Health."*** It is a fitting time to dedicate ourselves to encouraging alcohol and drug addiction treatment for all those in need, including the millions of Americans who have co-occurring disorders. And make no mistake: treatment is effective, and recovery is possible. A study reported in the *Journal of the American Medical Association* compared treatment for drug dependence, including alcohol, with type 2 diabetes mellitus, hypertension, and asthma. The study concluded that medical adherence and relapse rates are similar across these illnesses. Drug dependence generally has been treated as if it were an acute illness. Review results suggest that long-term care strategies of medication management and continued monitoring produce lasting benefits. Drug dependence should be insured, treated, and evaluated just like other chronic illnesses.

Whether you are involved with the health care system or are simply a person who is concerned about this issue, we ask you to ***Join the Voices for Recovery***. This is one problem we can do something about. By supporting treatment for those in need, we can help men, women, and youth in our own communities to find their way to recovery—and join the millions of others in recovery who are leading full, rich, productive, and rewarding lives.

Writing and Placing an Op-Ed

Newspapers generally publish a page of opinion columns and letters opposite the editorial page; hence the term opposite editorial, or "op-ed." The op-ed pages are the arena in which ideas and issues are debated, a good place to raise awareness of an issue. During ***National Alcohol and Drug Addiction Recovery Month (Recovery Month)*** you have an excellent opportunity to address important issues related to substance abuse treatment programs. Writing an op-ed places you in the role of a columnist expressing your views while presenting the facts.

Whether you use the sample provided or write your own, here are some tips for writing and placing an op-ed:

- Make an outline. It will help you stay focused and act as a reminder to cover key points.
- Stick with one subject per submission.
- Express an opinion and be clear and well-stated from the beginning.
- Do not assume your readers are aware of the issue or your viewpoint. Give them enough background information to help them follow your logic.
- Support your position with statistics or study results, but do not bury them in numbers.
- Use appropriate anecdotes; reference a recent news event or story.
- Contact one or more of the listed ***Recovery Month*** planning partners for a relevant quote.
- Localize your story whenever possible.
- Be clear and firm in your approach, but not fanatical.
- Keep your op-ed to 800 words or less. More is not better.

You can reach a publication with your op-ed three ways: phone, mail, or email. Whichever way you choose, get the process started about a month before the kickoff of ***Recovery Month***. Begin by calling the paper to find out the name of the appropriate party to contact. At this point, you may learn that the policy of the paper is to send a written copy (or fax) of the op-ed to the editorial page editor. A letter that explains who you are and provides some background information about ***Recovery Month*** and the topic should accompany the op-ed. It should briefly but clearly state the issue and why your thoughts on the subject are important. Give your article a week or so to arrive and then call the publication to be sure the op-ed was received and to answer any questions.

Regardless of how you choose to approach a publication, be sure to include an "authorship line" at the end of the piece. This information should include your full name and a brief description of who you are and what you do that makes you an expert on the subject. It should also include your daytime telephone number.

You are encouraged to share your plans and activities for *Recovery Month* 2003 with SAMHSA's Center for Substance Abuse Treatment, your colleagues, and the general public by posting them on the official *Recovery Month* web site at http://www.recoverymonth.gov.

We would like to know about your efforts during *Recovery Month*. Please complete the Customer Satisfaction Form enclosed in the kit. Directions are included on the form.

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Sample Proclamation 1

In the past 20 years medical science has made great strides in learning about substance use and the nature of addiction. Addiction is a chronic illness that involves brain chemistry. Treatment for addiction is as effective as treatments for other chronic medical conditions, such as diabetes and high blood pressure.

Substance use and addiction result in huge societal and economic costs. It was recently estimated that the cost of untreated addiction in the United States is $294 billion a year. Despite this staggering statistic, 76 percent of people in need of treatment for a problem with illicit drugs did not seek or receive treatment. To further compound the problem, about half of those with a lifetime substance abuse disorder also experience a lifetime history of at least one mental disorder. Roughly half of those with one or more lifetime mental disorders also have a lifetime history of at least one substance abuse disorder. In addition, many men, women, and youth who are addicted suffer from a wide range of co-existing physical illnesses, such as cardiovascular disease, hypertension, diabetes, hepatitis C, and AIDS, among others.

It is imperative that people with co-occurring disorders are properly diagnosed and treated. As the U.S. Substance Abuse and Mental Health Services Administration's ***Report to Congress on the Prevention and Treatment of Co-occurring Substance Abuse Disorders and Mental Disorders*** points out: "If one of the co-occurring disorders goes untreated, both usually get worse and additional complications often arise. The combination of disorders can result in poor response to traditional treatments and increases the risk for other serious medical problems (e.g., HIV, hepatitis B and C, cardiac and pulmonary diseases), suicide, criminalization, unemployment, homelessness, and separation from families and communities."

Untreated mental, physical, and substance abuse disorders result in excess costs associated with inpatient and emergency room care, the criminal justice system, homelessness, joblessness, welfare, and child welfare.

Clearly, the toll substance abuse takes on family, friends, and community is immeasurable. But recovery is possible. Every day in every part of the United States, men, women, and youth are entering treatment and beginning the road to recovery and families are seeking hope and recovery in support programs and counseling. In [your city or state here], we are [talk about specific drug and alcohol treatment programs or initiatives taking place in your community].

National Alcohol and Drug Addiction Recovery Month celebrates the tremendous strides taken by individuals who have undergone successful treatment, families in recovery, and those in the treatment field who have dedicated their lives to helping people recover. This year's theme, ***"Join the Voices for Recovery: Celebrating Health,"*** invites all segments of society to join the recovery

community in improving the quality of treatment programs and coordinated services in an effort to eradicate the disease of addiction.

The U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment; the Office of National Drug Control Policy; and [the name of a treatment organization in your community here] invite all residents of [your city or state] to participate in ***National Alcohol and Drug Addiction Recovery Month***.

NOW, THEREFORE I, [name and title of your elected official here], do hereby proclaim the month of September 2003 as

National Alcohol and Drug Addiction Recovery Month

in [name of your city or state here] and encourage all residents to promote the benefits of drug and alcohol addiction treatment and recovery and to support community treatment programs.

_____

Signature

Sample Proclamation 2

WHEREAS, on behalf of the citizens of [your city or state here], I am pleased to join the [name of a participating substance abuse treatment organization] in celebrating September 2003 as ***National Alcohol and Drug Addiction Recovery Month*** in [your city or state here]; and

WHEREAS, acknowledging September 2003 offers those involved in substance abuse treatment an opportunity to educate the public, community organizations, public officials, and civic leaders about the effectiveness of treatment, both societal and financial; and

WHEREAS, substance abuse and co-occurring mental disorders and co-existing physical illnesses are major public health problems that affect millions of Americans of all ages, races, and ethnic backgrounds and in all communities, and have huge medical, societal, and economic costs; and

WHEREAS, people with co-occurring substance abuse and mental disorders can and do recover, and people with co-occurring substance abuse and mental disorders deserve access to the services they need to recover; and

WHEREAS, thousands of health care providers have dedicated their lives to the recovery process and to the education of the public about alcoholism, drug dependence, co-occurring disorders, and treatment issues; and

WHEREAS, the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment; the Office of National Drug Control Policy; and [the name of a treatment organization in your community here] invite all residents of [your city or state] to participate in ***National Alcohol and Drug Addiction Recovery Month***;

NOW, THEREFORE, I, [name and title of your elected official here], do hereby proclaim the month of September 2003 as

National Alcohol and Drug Addiction Recovery Month

in [name of your city or state here] and encourage all citizens to support this year's theme, ***"Join the Voices for Recovery: Celebrating Health"*** by supporting men, women, and youth who are in drug and alcohol addiction treatment and recovery, and their families.

_____

Signature

Proclamations

Proclamations are an effective tool for drawing public attention to a given event, activity, or celebration. Having a top official sign a proclamation designating September ***National Alcohol and Drug Addiction Recovery Month (Recovery Month)*** is a good way to gain government support and recognition for your ***Recovery Month*** campaign. Publicize the proclamation to maximize exposure and optimize its use as a public information tool.

Proclamations can be issued by governors, state legislatures, municipalities, counties, cities, or towns. All you have to do is write a letter or contact a member of the respective government entity's communications office to identify the appropriate mechanism to follow for the issuance of a ***Recovery Month*** proclamation.

Once you secure the proclamation, there are many ways to publicize it. If the signing takes place at a news conference, distribute copies to reporters. You can also have the proclamation photo-enlarged to poster size for display at the news conference. Afterward, display this "visual prop" (and additional copies) in the lobby of public places, including government buildings. It is a good idea to add a copy to your web site and link to the official ***Recovery Month*** web site, http://www.recoverymonth.gov. Also, send copies of the proclamation to local newspapers.

Traditional proclamations begin with a series of "Whereas" clauses followed by a "Therefore." "Whereas" means "because," "inasmuch as," or "since." The "Whereas" clauses justify the final "Therefore," which is the actual proclamation. They set the stage, state the problem, and suggest action to remedy the problem. The "Therefore" is the actual declaration and request for specific support.

Two sample proclamations are provided. The first is more contemporary, leaving out the "Whereas's." The second proclamation includes them and restructures the topic sentences of some paragraphs. Modify these sample proclamations by inserting information about the problem in your community.

You are encouraged to share your plans and activities for *Recovery Month* 2003 with SAMHSA's Center for Substance Abuse Treatment, your colleagues, and the general public by posting them on the official *Recovery Month* web site at http://www.recoverymonth.gov.

We would like to know about your efforts during *Recovery Month*. Please complete the Customer Satisfaction Form enclosed in the kit. Directions are included on the form.

Please send any of your organization's *Recovery Month* promotional samples to: Office of the Director, Consumer Affairs, Center for Substance Abuse Treatment, SAMHSA, 5600 Fishers Lane, Rockwall Building II, Rockville, MD 20857.

For any additional *Recovery Month* materials, visit our web site at http://www.recoverymonth.gov or call 1-800-729-6686.

Promotional Event Ideas

Whether this is your first ***National Alcohol and Drug Addiction Recovery Month (Recovery Month)***, or your 14th observance, the special events and activities that start in September are an important contribution to raising awareness of the issues surrounding substance abuse addiction and recovery throughout the year. With the help of individuals and organizations like yours, ***Recovery Month*** becomes more and more successful with each passing year.

This year's theme is ***"Join the Voices for Recovery: Celebrating Health."*** It encourages everyone to break the silence and stigma of addiction by celebrating the stories of those in recovery. It also calls attention to those individuals who have confronted co-occurring mental disorders and co-existing physical and cognitive disabilities, and as a result are leading healthy and productive lives. Individuals in recovery are a true testament to the positive impact of treatment.

Please consider using the ideas listed below as your starting point for events and activities throughout the year.

Plan Community Forums, Media Events, and Other Activities

Engage the media to help inform your community about the importance of addiction treatment and the powerful message of recovery. Begin ***Recovery Month*** by holding a press conference or community forum with the mayor, governor, community leaders, or noted citizens in recovery from your area. Use the press conference as the platform to have the governor, mayor, or other elected official issue a proclamation (sample proclamations are located in this kit) in celebration of this year's theme. If possible, have people in recovery speak or take questions. Also use this opportunity to recognize a community leader who has worked on behalf of these issues and provide that person with a certificate of recognition.

What Is a Community Forum?

A community forum consists of a panel of community leaders brought together to discuss a specific issue—in this case, substance abuse and treatment. The panel could include public officials and civic leaders, local treatment providers, employers, health professionals, educators, the media, community leaders, members of the faith community, and individuals in recovery.

When planning this type of event, select an experienced moderator. The moderator's role is to keep the event moving, on time, and on topic. Moderators also set the agenda, perform introductions, and facilitate the forum.

Forums can be aired on local television, radio, or cable stations. They can also be broadcast on the Internet. To enhance public interest in your forum, consider organizing it around a widely publicized event. Another option is to hold a legislative forum that has the support of a member of Congress or state legislator. While either could attract media attention, the latter strives to achieve support for policies and funding as well.

What Is a Press Event?

A press event is usually related to a specific activity, such as the opening of a new treatment center, release of a new study, issuance of a civic proclamation, or an event, such as a run/walk. Invite an individual in recovery to say a few words, introduce the event, take part in a ribbon-cutting ceremony, or start the race.

At the conclusion of any press event or community forum, invite members of the media to raise questions and interview participants. You should provide press kits to members of the media. Press kits should include a press release, speaker biographies, and fact sheets about the issue and your organization. Make sure to include the name and phone number of a contact person from your organization to answer any additional questions. Finally, make sure to send thank-you notes to all attendees following the event.

When Planning Events Consider Some Key Points:

- Select a specific topic for the Forum or press conference.
- Avoid competing with other organizations' ***Recovery Month*** activities by checking times and dates with your colleagues. When possible, coordinate your activities with those of your colleagues.
- To increase media attention, select a location of interest, such as a park, public building (public grounds require special permits), or treatment center.
- Select a Forum moderator.
- Compile and contact a list of participants and speakers. Provide speakers with an agenda and time limit for their remarks. Keep the remarks brief.
- Coordinate with local media to cover the event.
- Send out a press release and media advisory (samples are located in this kit) in advance of the event.
- Follow up with calls to the media to encourage coverage.

When planning events, remember that things rarely go as planned. Your ability to plan for contingencies is critical to the success of your event. Some additional things to keep in mind:

- Outdoor events can be weather-dependent. Have a back-up venue or a rain date.

- If your guest list expands, make sure you have adequate seating for all participants.
- Speakers can be delayed, get sick, or have last-minute conflicts. Have a back-up speaker or revised agenda.
- Check all audiovisual equipment to make sure it is in proper working order.
- Arrange for speakers and participants to arrive early. If the media will be present, discuss talking points with speakers to ensure they remain on the event topic.

Other Activities:

Sponsor a Health Fair – Coordinate with other organizations and sponsor a health fair. Have booths for local treatment centers to offer information and speak to their neighbors. Offer treatment materials for those who might be in need. Invite local civic and appointed officials and community leaders to speak on substance abuse topics. Make sure that there are activities for children as well.

Exhibit Booths – Set up an exhibit booth at a local hospital, health fair, or wellness event to disseminate information about effective treatment options and related subjects.

Recovery Saturday or Sunday – Coordinate with faith leaders for a Recovery Saturday or Sunday, a time when religious leaders set aside their normal sermons/homilies to discuss the importance of sobriety and pray for others to find the path to recovery.

Partner with Businesses and Other Volunteer Organizations – Work with local businesses and volunteer and civic organizations to get the word out that substance abuse is a treatable disease. Place advertisements about an upcoming event in your organization's newsletter, church bulletin, or in the windows of local stores and restaurants.

Athletic Activities – Get involved in local sports at the high school or college level. Work with the schools and coaches to educate students on the dangers of steroids and other performance-enhancing drugs. Coordinate a recovery walk/run or marathon, basketball or tennis tournament, or similar event. Hosting activities of this nature will provide a positive outlet for all members of the community, bringing them together to celebrate ***Recovery Month***.

High School Assembly Tour – Coordinate with the principals of local high schools to host an assembly discussing substance and alcohol abuse, its warning signs, and the importance of treatment and recovery for the health of individuals, family, friends, and the community. Consider inviting a youth in recovery to share his or her personal story at the assembly.

Articles – Write a short article that discusses both the long- and short-term benefits of addiction treatment. Include information that drives individuals to a web site or a telephone number for more information or help in locating a treatment center. Don't overlook local magazines and weekly newspapers as a source for placement of your article.

Media Partnership – Approach the producer of a local television station to partner in promoting ***Recovery Month***. Ask the station to list community treatment centers on its web site and create a hot-link to your organization's web site.

Radio Outreach – Coordinate with a local radio personality and/or university radio stations to promote your ***Recovery Month*** event and to mention key messages on the air. Radio is a powerful tool for your outreach because most stations appeal to a certain demographic. Take advantage of this by marketing your event to an appropriate and specific audience, such as college or modern rock stations for a college health fair or sports stations for an athletic event.

Banners – Display banners promoting September as ***Recovery Month*** in your community's most visible areas and outdoor venues. Ask local businesses to support the effort by displaying materials in their locations.

Public Service Announcements – Use the enclosed live-read public service announcements to promote drug and alcohol treatment on your local radio stations.

Finally, make sure that for all planned activities you have materials available with information and phone numbers to contact regarding treatment.

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For any additional *Recovery Month* materials visit our web site at http://www.recoverymonth.gov or call 1-800-729-6686.

Live-Read Radio Scripts

Live-Reads About *Recovery Month*

:30

To someone struggling with drugs or alcohol, your voice can make a difference. This September, join the **Voices for Recovery** and celebrate health during ***National Alcohol and Drug Addiction Recovery Month***. Families, friends, and treatment providers in your community are helping people recover. You can, too. For treatment information, call 1-800-662-H-E-L-P. A public service of this station and the U.S. Department of Health and Human Services.

:15

Celebrate health during ***National Alcohol and Drug Addiction Recovery Month***.
Call 1-800-662-H-E-L-P. A service of this station and the U.S. Department of Health and Human Services.

Live-Reads About Co-occurring Disorder

:30

Do you know someone who's using drugs or alcohol to deal with anxiety, depression, or another mental disorder? Help them by joining the **Voices for Recovery**—families, friends, and treatment providers in your community who are celebrating health, and making recovery happen. For treatment information, call 1-800-662-H-E-L-P. A public service of this station and the U.S. Department of Health and Human Services.

:15

If someone you know uses drugs or alcohol to deal with a mental disorder, call 1-800-662 H-E-L-P.
A public service of this station and U.S. Department of Health and Human Services.

About These Announcements

Radio is a wonderful medium to promote the fact that September is ***National Alcohol and Drug Addiction Recovery Month (Recovery Month)*** and to provide the public with a toll-free number that can be used to find out more about treatment services. Remember, a radio public service announcement (PSA) qualifies for free airtime only if it is used to promote a nonprofit organization or public service. Stations will often accept pre-written scripts from organizations seeking to convey a public service message that benefits members of the community. The station can read these scripts over the air.

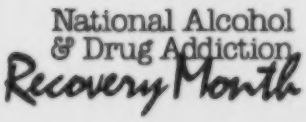
Two 30-second and two 15-second radio PSA scripts have been provided for your use. The scripts give the HHS/SAMHSA Center for Substance Abuse Treatment's toll-free national Helpline, 1-800-662-HELP, as a resource. *If your state, county, or community has its own toll-free hotline number, we encourage you to use it in place of the national number.* Please inform those operating the hotline that you will be using their number in the scripts.

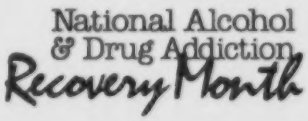
Call your local radio station to find out the name and correct address of the public affairs director. If there is no one at the station with that exact title, ask for the name and title of the person in charge of PSAs. Explain that you are working as part of the national effort to promote ***Recovery Month*** and to secure the support of radio stations in promoting treatment and informing listeners in your area where they can go for help.

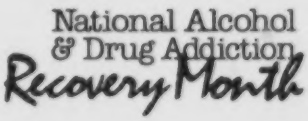
Once you have spoken with your contact, you should either fax or mail copies of the PSA scripts for their consideration. When you retype the scripts to send them out, do not forget to list your contact name, organization, and phone number. Make sure to include a cover letter summarizing the main points you discussed, and state your appreciation for the airtime these important messages will receive.

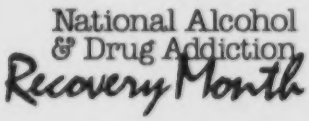
CAMERA-READY LOGO SHEET

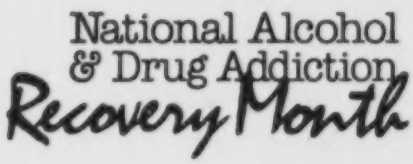
Customize your materials using the artwork provided. Logos below can be printed in either PMS 268 or black.

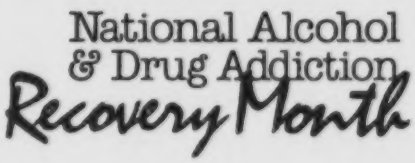


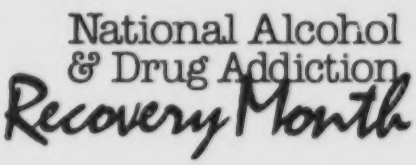


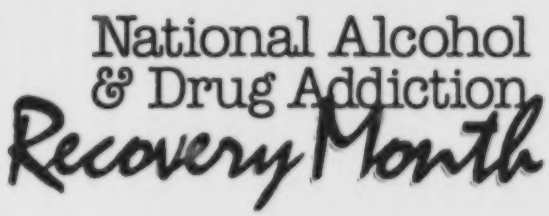


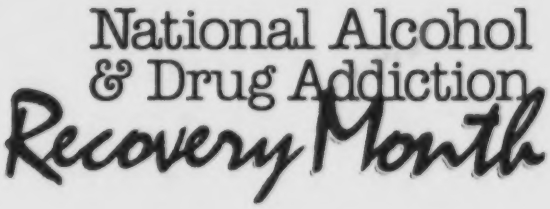


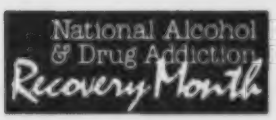


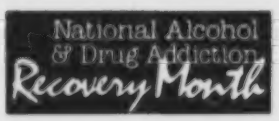


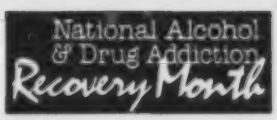


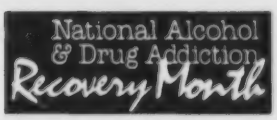


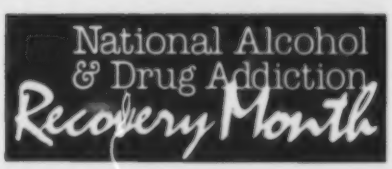


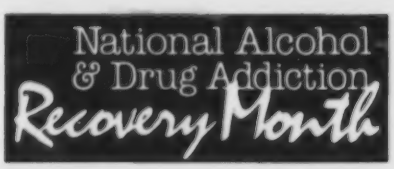


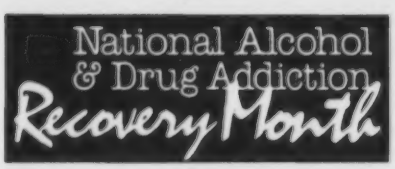


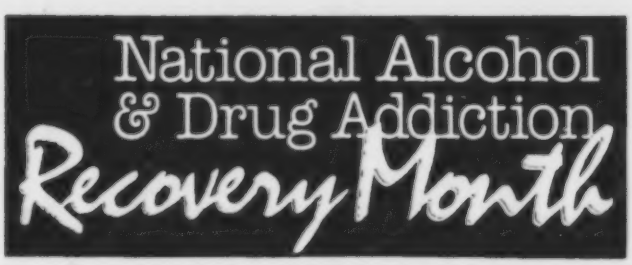


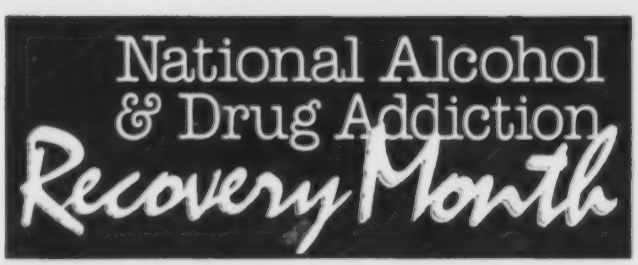












Overview of Co-occurring and Co-existing Disorders, Substance Abuse Disorders, Treatment, and Recovery

Substance abuse disorder refers to alcohol abuse as well as use or misuse, dependence, and addiction to legal and illegal drugs. Mental disorders represent the continuum of psychiatric severity from less to more severe.

Substance abuse disorder. Mental disorder. Alone, each wreaks havoc on the lives of millions in this country, and both require intensive treatment. When afflicted with these simultaneously, the result can be debilitating for an individual.[1]

Commonly referred to as a co-occurring disorder, people with these conditions either abuse substances as a means of dealing with the mental disorder or complicate their mental disorder through substance abuse. While these disorders can interact differently in any one person, at least one disorder of each type can be diagnosed independently of the other.

Seven to ten million individuals in the United States have at least one mental disorder as well as an alcohol or drug use disorder.[2] Some examples of co-occurring disorders that can exist with drug and alcohol abuse include depression, anxiety, mood and eating disorders.[3]

Nearly one-sixth of all Americans have a disability that limits their activity; countless others have disabilities (mostly cognitive in nature) that go unrecognized and undiagnosed.[4] When a pre-existing condition, such as mental retardation, learning disorders, HIV/AIDS, spinal or brain injuries, hypertension, heart disease, or diabetes, is present with addiction, this is known as a co-existing disorder. Co-existing disorders involve physical and cognitive disabilities coupled with a substance abuse disorder. The statistics surrounding these disorders are startling:

- People with conditions such as deafness, arthritis, or multiple sclerosis have substance abuse rates at least double the general population estimates.[5, 6]
- Based on a Wisconsin survey, persons with spinal cord injuries, orthopedic disabilities, vision impairment, and amputations can be classified as heavy drinkers in approximately 40 to 50 percent of cases.[7]
- The presence of severe mental illness may create additional biological vulnerabilities such that even small amounts of psychoactive substances may have adverse consequences for individuals with schizophrenia or other brain disorders.[8]

"I am a grateful recovering alcoholic, and every day I do healthy, positive things so I won't take another drink. My own experience has led me to work to combat the number one public health issue facing our country: chemical addiction. Expanding access to treatment is a matter of life and death for 26 million Americans."

—Jim Ramstad
U.S. House of Representatives
Minnesota's 3rd District

Why does this occur? One problem may be that treatment for co-occurring substance abuse and mental disorders is inadequate compared to the treatment programs of other disorders. Two-thirds of adults with mental illness do not get help.[9] Many individuals with a co-occurring disorder are misdiagnosed. Also, these individuals, depending on the severity of their illnesses, may not be able to be treated at home or tolerated in a treatment facility.[10] Service organizations inconsistently design coordinated treatment programs to address the needs of individuals with co-occurring disorders—treatment for a mental disorder is separate from treatment for a substance abuse disorder. Development of integrated and coordinated comprehensive programs that can treat co-occurring disorders is desperately needed.[11]

In order to address this issue, the U.S. Substance Abuse and Mental Health Services Administration has issued the ***Report to Congress on the Prevention and Treatment of Co-occurring Substance Abuse Disorders and Mental Disorders***. Within this report is a recommendation for an integrated treatment model based on cooperation, consultation, and collaboration. Provision of integrated treatment ranges across a continuum spanning from single cross-referral and linkage; through cooperation, consultation, and collaboration; to integration in a single setting or treatment model. Such treatment is provided through three levels of service provision:

- Integrated Treatment – interaction between the mental health and/or substance abuse clinician(s) and the individual, which addresses the substance abuse and mental health needs of the individual.

- Integrated Program(s) – the organizational structure for providing integrated treatment, whereby the mental health and/or substance abuse program is responsible for ensuring an array of staff or linkages with other programs to address all of the needs of its clients. The program is responsible for ensuring that services are provided in an appropriate and easily accessible setting and that services are culturally competent.

- Integrated System – the organizational structure for supporting an array of programs for people with different needs, including individuals with co-occurring substance abuse and mental disorders. The system is responsible for ensuring appropriate funding mechanisms to support the continuum of service needs, addressing credentialing/licensing issues, and establishing data collection/reporting systems, needs assessment, planning, and other related functions.[12]

What you can do is celebrate those already in treatment and recovery and get involved at the local level by speaking out about the need for effective, coordinated services for people with co-occurring and co-existing disorders. The ***Recovery Month*** 2003 theme is ***"Join the Voices for Recovery: Celebrating Health."*** Please consider the facts on the following pages in your efforts to educate others.

General Facts about Mental Disorders and Substance Abuse Disorders, Treatment, and Recovery

As we celebrate ***Recovery Month***, all individuals and groups should be well-informed on the subjects of substance abuse disorders, mental disorders, treatment, recovery, co-existing and co-occurring disorders. Please note the following facts and statistics:

Understanding Mental Disorders

- More than 54 million Americans have a mental disorder in any given year, although fewer than 8 million seek treatment.[13]
- About half of people with a lifetime addictive disorder also experience a lifetime history of at least one mental disorder. Roughly 50 percent of those with a lifetime mental disorder also have a lifetime history of at least one addictive disorder.[14]
- In 2001, there were an estimated 14.8 million adults age 18 or older with serious mental illness (SMI). This represents 7.3 percent of all adults. Of those with SMI, 6.9 million received mental health treatment in the 12 months prior to the interview. Among adults with SMI, 20.3 percent were dependent on or abused alcohol or illicit drugs; the rate among adults without SMI was 6.3 percent. An estimated 3 million adults had both SMI and substance abuse or dependence problems during the year.[15]

Societal Benefits of Drug and Alcohol Treatment

- The social cost of drug and alcohol addiction treatment in the U.S. is estimated at $294 billion per year in lost productivity and costs associated with law enforcement, health care, justice, welfare, and other programs and services.[16]
- Conservative estimates note that for every $1 invested in addiction treatment, there is a return of between $4 and $7 in reduced drug-related crime, criminal justice costs, and theft. When savings related to health care are included, total savings can exceed costs by a ratio of 12 to 1.[17]

Illicit Drugs[18]

- An estimated 16 million Americans (7.1 percent of the population 12 and older) were current users of illicit drugs in 2001, meaning they had used an illicit drug at least once during the 30 days prior to being interviewed.
- Illicit drug use among youth was highest for those between the ages of 18 and 25 (18.8 percent) in 2001.
- The rate of illicit drug use in metropolitan counties was higher than the rate in nonmetropolitan counties. Current drug use rates were 7.6 percent in large metropolitan counties, 7.1 percent in small metropolitan counties, 5.8 percent in nonmetropolitan counties, and 4.8 percent in completely rural, nonmetropolitan counties.

- The rates of current illicit drug use for major racial/ethnic groups in 2001 were similar to previous years: 7.2 percent for whites, 6.4 percent for Hispanics, and 7.4 percent for African Americans. Rates were highest among American Indian/Alaska Natives (9.9 percent) and persons of multiple race (12.6 percent). Asians had the lowest rates (2.8 percent).

Prescription Drugs

- Prescription drugs can be broken down into three distinct categories: Opioids, which are most often prescribed to treat pain; CNS depressants, which are used to treat anxiety and sleep disorders; and stimulants, which are prescribed to treat narcolepsy, ADHD, and obesity.[19]
- In 2001, approximately 957,000 persons aged 12 or older had used Oxycontin nonmedically at least once in their lifetime. This number is higher than estimates for both 1999 (221,000) and 2000 (399,000).[20]

Alcohol and Tobacco

- Tobacco use, particularly cigarette smoking, is the leading cause of preventable illness in the United States; in fact, nearly one in four adults and one in three teenagers smoke.[21]
- A little over 29 percent of the American population aged 12 and older, or 66.5 million people, reported current use of a tobacco product in 2001.[22]
- About 10.1 million persons aged 12 to 20 reported current use of alcohol in 2001. This number represents 28.5 percent of this age group, for whom alcohol is an illicit substance.[23]

Other Important Information Regarding Specific Illicit Drugs

Marijuana

- Marijuana is the most commonly used illicit drug in the United States.[24]
- More than 83 million Americans (37 percent) age 12 and older have tried marijuana at least once.[25]
- Depression, anxiety, and personality disturbances are all associated with marijuana use. Research clearly demonstrates that marijuana use has the potential to cause problems in daily life or make a person's existing problems worse.[26]
- More than two-thirds of the 2.3 million new users reported in 1999 were under the age of 18.
- Marijuana is much stronger and more addictive than it was 30 years ago. Average THC levels rose from less than 1 percent in the late 1970s to more than 7 percent in 2001. Sinsemilla potency increased from 6 percent to 13 percent. THC levels of 20 percent and up to 33 percent have been found in samples of sinsemilla at the University of Mississippi, Marijuana Potency Monitoring Project, 2001. Of those who try marijuana at least once, nearly one in ten become dependent.[27]

Cocaine/Crack[28]

- Cocaine is a powerfully addictive stimulant that directly affects the brain and is available in two forms: a hydrochloric salt or white powder that dissolves in water and can be taken either intravenously or through the nose. The other form, freebase, is cocaine that has been neutralized by an acid. Freebase cocaine can be smoked.
- Crack is the street name for freebase cocaine that has been processed with baking soda. Someone who smokes crack can experience a high in less than 10 seconds. This, along with the fact that it is inexpensive and easy to produce, has led to the enormous popularity of this drug.
- Cocaine use, which was extremely popular in the 1980s, stabilized in the United States between 1992 and 1999. However, despite the stabilization, the rate of cocaine use still continues to rise.

Hallucinogens

- Hallucinogens include LSD (lysergic acid diethylamide, also known as acid, blotter, boomers, cubes, microdot, or yellow sunshines), mescaline (also known as buttons, cactus, mesc, or peyote), psilocybin, (also known as magic mushrooms, purple passion, or shrooms).[29]
- Approximately 1.3 million (0.6 percent of the population aged 12 or older) were current users of hallucinogens.[30]
- In 2001, the percentage of 12th graders who used hallucinogens in the past year was up from 8.1 percent to 8.4 percent. Past-month usage was also up from 2.6 percent to 3.2 percent.[31]

Heroin

- Heroin mentions in hospital emergency departments increased 15 percent (from 82,192 to 94,804 mentions) from 1999 to 2000.[32]
- Current heroin use was reported by an estimated 123,000 Americans in 2001. This represents 0.1 percent of the population aged 12 and older and is similar to the number estimated for 2000 (130,000).[33]
- Among past year users of heroin in 2001, 50 percent (0.2 million) were classified with dependence on or abuse of heroin.[34]
- Almost 90 percent of people who abused heroin were white; over 50 percent were employed full-time; and almost 89 percent had a high school diploma or higher level of education.[35]
- Estimates of multi-drug use among heroin-addicted people range from 30 to 70 percent. The most common co-occurring addictions are cocaine, benzodiazepines, alcohol, nicotine, and marijuana. Rates of marijuana use by heroin addicts seeking treatment have been reported to be as high as 66 percent.[36, 37, 38]
- Estimated costs associated with heroin addiction in the United States were 21.9 billion dollars in 1996.[39]

Methamphetamine

- Methamphetamine is a powerfully addictive stimulant that dramatically affects the central nervous system.[40]
- The abuse of methamphetamine—a potent psychostimulant—is an extremely serious and growing problem. Although the drug was first used primarily in selected urban areas in the Southwestern part of the United States, high levels of methamphetamine abuse are now seen in many areas of the Midwest, in both urban and rural settings, and by very diverse segments of the population.[41]
- Incidence of methamphetamine use rose steadily between 1990 (164,000 new users) and 2000 (344,000 new users). Methamphetamine incidence was at its highest level since 1975.[42]

MDMA or Ecstasy (Club Drugs)

- This category of drugs is most commonly encountered at nightclubs and raves. It includes Ecstasy (MDMA), Ketamine (Special K), GHB, GBL, Rohyphnol, LSD, and PCP.[43] MDMA, commonly called Ecstasy, is the number one "club drug" in use.
- These types of drugs have gained popularity due to the false perception that they are not as harmful or as addictive as "mainstream" drugs, such as heroin. This is false. In fact, people who use these substances are at risk for dehydration, hyperthermia, or heart or kidney failure. The combination of the stimulant effect of the drug and the hot, crowded atmosphere of parties or clubs can lead to fatalities.[44]
- Among 12th graders, past-year use of MDMA increased 46 percent, from 5.6 percent to 8.2 percent. Also, the perceived availability of MDMA increased sharply—up 28 percent. This is the largest one-year percentage point increase in the availability measure among 12th graders for any drug class in the 26-year history of the *Monitoring the Future* study.[45]

Important Information Regarding Other Misused and Potentially Addictive Substances

Inhalants[46]

- The term "inhalants" refers to more than a thousand different household and commercial products that can intentionally be abused by sniffing or "huffing" (inhaling through one's mouth) for an intoxicating effect. These products are composed of volatile solvents and substances commonly found in commercial adhesives, lighter fluids, cleaning solutions, and paint products.
- There is a common link between inhalant abuse and teenagers. Some problems include: failing grades, memory loss, learning problems, chronic absences, and general apathy. Inhalant users also tend to be disruptive, deviant, or delinquent as a result of the early onset of use, the user's lack of physical and emotion maturation, and the physical consequences that occur from extended use.

- Between 1994 and 2000, the number of new inhalant users increased more than 50 percent, from 618,000 new users in 1994 to 979,000 in 2000. These estimates were higher than a previous peak in 1978 (662,000 new users).[47]

Steroids[48]

- Steroids are synthetic derivatives of the male hormone testosterone. Scientifically referred to as androgenic anabolic steroids, these derivatives promote the growth of skeletal muscle and increase lean body mass.
- Steroids can be taken orally or via injection with a needle. Some consequences of steroid abuse are: higher blood pressure, liver problems, stunted growth, infertility, irregular menstrual cycles, and testicular shrinkage. Over time, steroid use can cause violent behavior, delusions, and paranoid jealousy.
- The *1995 Youth Risk and Behavior Surveillance System* showed that of 9th to 12th graders in public and private high schools in the U.S., 4.9 percent of males and 2.4 percent of females have used anabolic steroids at least once in their lives.[49]

To learn more about drug and alcohol addiction, treatment, and usage rates, you can access many of the materials cited in this fact sheet by contacting an information specialist at SAMHSA's National Clearinghouse for Alcohol and Drug Information toll-free at 1-800-729-6686 or 301-468-2600. You can also access the Clearinghouse via the Internet at http://www.health.org or by email at info@health.org.

You are encouraged to share your plans and activities for *Recovery Month* 2003 with SAMHSA's Center for Substance Abuse Treatment, your colleagues, and the general public by posting them on the official *Recovery Month* web site at http://www.recoverymonth.gov.

We would like to know about your efforts during *Recovery Month*. Please complete the Customer Satisfaction Form enclosed in the kit. Directions are included on the form.

For any additional *Recovery Month* materials visit our web site at http://www.recoverymonth.gov or call 1-800-729-6686.

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Youth

Adolescence is a time of experimentation for young men and women, and many who are exposed to alcohol and drugs give in to curiosity or temptation, with potentially damaging results. For instance:

- Today over half (54 percent) have tried an illicit drug by the time they finish high school.[1]
- Three out of ten (29 percent) have used some illicit drug other than marijuana by the end of 12th grade.[2]
- Alcohol use remains extremely widespread among today's teenagers. Four out of every five students (80 percent) have consumed alcohol (more than just a few sips) by the end of high school and about half (51 percent) have done so by 8th grade.[3]
- In 2001, approximately 10.1 million persons aged 12 to 20 reported drinking alcohol in the past month.[4]
- Approximately 2 million youths aged 12 to 17 (nine percent) had used inhalants at some time in their lives as of 2001.[5]
- In 2001, 3.7 percent of 12th graders reported using steroids in their lifetime. That is an increase of 1.2 percent from 2000.[6]

Unfortunately, these trends in substance abuse often lead to more serious problems for young men and women, including academic difficulties, health-related problems, eating disorders, poor peer relationships, and involvement with the juvenile justice system. Mental/emotional disorders such as depression, developmental delays, conduct problems, personality disorders, suicidal thoughts, apathy, withdrawal, and other psychological dysfunctions frequently are linked to substance abuse among adolescents. Moreover, many substance-abusing youths engage in behavior that places them at risk of HIV/AIDS or other sexually transmitted diseases, unintended pregnancy, and sexual violence.[7]

Studies show that about half of all adolescents receiving mental health services have a co-occurring substance use disorder, and as many as 75-80 percent of adolescents receiving inpatient substance abuse treatment have a co-existing (e.g., co-occurring) mental disorder.[8] In response to this problem, the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) completed a ***Report to Congress on the Prevention and Treatment of Co-occurring Substance Abuse Disorders and Mental Disorders***. In this report SAMHSA outlines the scope of the problem, identifies current treatment approaches, best medical practices, and seeks to highlight prevention opportunities. Also, included in the report is the recommendation that

"I have been public about my addiction and recovery for almost a year. I'm still amazed by the reaction. Often the response is shock and bewilderment. These reactions result from society's stereotype of alcoholics and addicts, but I am neither a 'drunk on the corner,' nor a social or academic failure. I have dreams for the future."

—Molly Potter
Student

prevention and treatment services for co-occurring disorders must be culturally competent and age and gender appropriate.[9]

What can be done? Substance abuse treatment programs specifically designed for adolescents, as well as family-oriented approaches, can make a difference. For example, a national study of community-based treatment programs for adolescents found that reported weekly marijuana use dropped by more than half in the year following treatment. Clients also reported less heavy drinking, less use of hard drugs, and less criminal involvement. Other benefits included better psychological adjustment and improved school performance after treatment.[10]

Making a Difference: What Can I Do?

1. **Recognize the Signs of Addiction.** If you are regularly interacting with young people, it is important to know about the symptoms of substance abuse. Be on the lookout for the following warning signs, which may indicate that alcohol or drugs have become a part of an adolescent's life:
   - Sudden changes in personality without another known cause
   - Loss of interest in once-favorite hobbies, sports, or other activities
   - Sudden decline in performance or attendance at school or work
   - Changes in friends and reluctance to talk about new friends
   - Deterioration of personal grooming habits
   - Difficulty in paying attention, forgetfulness
   - Sudden aggressive behavior, irritability, nervousness, or giddiness
   - Increased secretiveness, heightened sensitivity to inquiry
2. **Take Advantage of the Power of Parenting.** As a parent or legal guardian of an adolescent, make all efforts to become a "hands-on" parent, consistently establishing rules and expectations for your teen and regularly monitoring his or her behaviors. Parent power is the most underutilized tool in combating substance abuse. Nearly one in five teens (18 percent) lives with "hands-off" parents—parents who fail to consistently set down rules and expectations—and faces four times the risk of substance abuse as teens with "hands-on" parents. In a 2000 survey, far more teens who had not tried marijuana credited their parents (49 percent) with this decision than any other influence.[11]
3. **Address the Specialized Treatment Needs of Youth.** When referring youth with alcohol or drug problems to treatment and recovery services, make every effort to identify programs that are specifically designed for their age group. Adolescents have special developmental needs and benefit from treatment approaches that increase their motivation and commitment to recovery.[12] Treatment approaches should also be tailored to take into account the child's age, gender, ethnicity, cultural background, family structure, cognitive and social development, and readiness for change.[13] Sober schools that provide an alcohol- and drug-free learning environment are available in some parts of the country for students in recovery.

In addition, because young people with substance abuse problems are also often suffering from mental disorders, there is a critical need for concurrent psychiatric treatment, both during and following treatment.[14]

4. **Open the Lines of Communication.** If you have direct contact with young men and women, take the opportunity to become a mentor—an authority figure whom young people in your community feel comfortable with and can turn to for advice, for help with problems, and as an advocate for their positions. Children who live in alcohol- and drug-dependent families learn not to trust adults. By offering your time and an open ear to provide assurance and validation, you can counteract much of that mistrust and make a positive impact on a child's life.[15]

5. **Offer Training in Schools.** Educators who interact with youth on a daily basis can have a tremendous impact on their students by modeling positive behaviors, providing guidance and support on a personal level, building self-esteem, and helping them to make smart decisions. Schools can support treatment efforts and help youth suffering from co-occurring disorders by offering training for all administrators, teachers, coaches, counselors, nurses, and other school staff to spot the signs of substance abuse and mental disorders and know how to respond; providing strong no-use messages every year from preschool through the 12th grade, tailored to the age, culture, and sophistication of the child; developing and enforcing strong and commonsense substance abuse and treatment policies; improving and expanding existing prevention and intervention programs; and creating a school environment to engage parents (family members) in each child's education. School personnel should develop student attachment to schools, and help students build supportive peer groups so they can resist negative peer pressures.[16]

Making a Difference: How Can I Focus My Efforts During *Recovery Month*?

September 2003 marks the 14th annual observance of ***Recovery Month***, promoting the effectiveness of substance abuse treatment nationwide. People who interact with young men and women on a regular basis, including parents, teachers, youth group leaders, coaches, clergy, counselors, health professionals, social workers, and others, can all take actions to contribute to this national education effort. Adults should support youth in need of treatment and recovery services, and those who are suffering from co-occurring disorders. Following are a few suggestions:

1. **Personalize Addiction.** Encourage young people in recovery who are willing to share their stories with others to speak to their peers by conducting presentations at area schools. In addition, a young person could author a first-person account of his or her experience in an article for placement in a school newspaper or a local community newspaper.

2. **Get the Word Out.** Distribute educational information about alcohol and drug addiction and treatment to young people directly by setting up an exhibit booth in high-traffic areas in your community such as shopping centers, grocery stores, public libraries, places of worship, county or state fairs, coffeehouses, book stores, movie theaters, and large-arena concerts. Hand out flyers with information about effective treatment options and contact numbers for local substance abuse recovery programs.

3. **Unite the Community.** Establish a substance abuse treatment task force that can address alcohol- and drug-related issues that face your community and support and expand existing treatment and recovery services. Enlist the participation of leaders of relevant organizations who care about youth and have an interest in this issue, such as representatives from the treatment community, criminal justice system, religious institutions, social and child welfare services, educational system, and parenting organizations as well as policymakers.

4. **Equip Parents with the Facts.** Conduct an informational seminar for parents, grandparents, stepparents, foster parents, and legal guardians to educate them on how to recognize the signs and symptoms of substance abuse, what to do if they suspect their child has a problem, and where to turn for help in their community for counseling and treatment services. Publicize the seminar through local newspapers and by posting flyers at area schools, in grocery stores, community centers, libraries, and other central locations. There are many resources available that can help parents and other adults who encounter youth on a daily basis. One resource is SAMHSA/CSAT's *A Quick Guide to Finding Effective Alcohol and Drug Addiction Treatment* (Publication Number: PHD877). Another resource is SAMHSA/CSAT's *You Can Help: A Guide for Caring Adults Working with Young People Experiencing Addiction in the Family* (Publication Number: PHD878). Order free copies and other materials by contacting SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686 or 301-468-2600 or 1-800-487-4889 (TDD).

5. **Put the Kids to Work.** Work with a local youth-related organization to organize a poster, song, or essay contest for young people during ***Recovery Month*** highlighting the importance of substance abuse treatment. Work with area schools to encourage student participation, encourage a local radio station to promote the contest to its listeners as a public service, and enlist businesses in the community to demonstrate their support by donating prizes.

You are encouraged to share your plans and activities for *Recovery Month* 2003 with SAMHSA's Center for Substance Abuse Treatment, your colleagues, and the general public by posting them on the official *Recovery Month* web site at http://www.recoverymonth.gov.

We would like to know about your efforts during *Recovery Month*. Please complete the Customer Satisfaction Form enclosed in the kit. Directions are included on the form.

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Additional Resources

Federal Agencies

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
200 Independence Avenue, SW
Washington, DC 20201
877-696-6775 (Toll-Free)
www.hhs.gov

HHS, Substance Abuse and Mental Health Services Administration (SAMHSA)
5600 Fishers Lane
Parklawn Building, Suite13C-05
Rockville, MD 20857
301-443-8956
www.samhsa.gov

HHS, SAMHSA
National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, MD 20847-2345
800-729-6686 (Toll-Free)
800-487-4889 (TDD) (Toll-Free)
877-767-8432 (Spanish) (Toll-Free)
www.ncadi.samhsa.gov

HHS, SAMHSA
National Directory of Drug Abuse and Alcoholism Treatment Programs
www.findtreatment.samhsa.gov

SAMHSA National Helpline
800-662-HELP (800-662-4357) (Toll-Free)
800-487-4889 (TDD) (Toll-Free)
877-767-8432 (Spanish) (Toll-Free)
(for confidential information on substance abuse treatment and referral)
www.findtreatment.samhsa.gov

HHS, SAMHSA
Center for Substance Abuse Treatment
5600 Fishers Lane
Rockwall II
Rockville, MD 20857
301-443-5052
www.samhsa.gov

HHS, SAMHSA
Center for Mental Health Services
5600 Fishers Lane
Parklawn Building, Room 17-99
Rockville, MD 20857
301-443-2792
www.samhsa.gov

HHS, SAMHSA
Center for Substance Abuse Prevention
Youth Substance Abuse Prevention Initiative
301-443-1845
www.samhsa.gov

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
National Institutes of Health (NIH)
9000 Rockville Pike
Bethesda, MD 20892
301-496-4000
www.nih.gov

HHS, NIH
National Institute on Alcohol Abuse and Alcoholism
Keeping Kids Alcohol Free Campaign
Willco Building
6000 Executive Boulevard
Bethesda, MD 20892-7003
301-443-3860
www.niaaa.nih.gov

HHS, NIH
National Institute on Drug Abuse
Office of Science Policy and Communication
6001 Executive Boulevard
Room 5213 MSC 9561
Bethesda, MD 20892-9561
301-443-1124
Telefax fact sheets: 888-NIH-NIDA (Voice) (Toll-Free)
or 888-TTY-NIDA (TTY) (Toll-Free)
www.drugabuse.gov

U.S. DEPARTMENT OF EDUCATION (ED)
400 Maryland Avenue, SW
Washington, DC 20202-6123
800-872-5327 (Toll-Free)
www.ed.gov

ED, Safe and Drug-Free Schools
400 Maryland Avenue, SW
Washington, DC 20202-6123
202-260-3954
www.ed.gov/offices/OESE/SDFS

U.S. DEPARTMENT OF JUSTICE (DOJ)
950 Pennsylvania Avenue, NW
Washington, DC 20530-0001
202-353-1555
www.usdoj.gov

DOJ, Drug Enforcement Administration
Demand Reduction Section
600 Army Navy Drive
Arlington, VA 22202
202-307-7936
www.dea.gov

Other Resources

Al-Anon/Alateen
For Families and Friends of Alcoholics
Al-Anon Family Group Headquarters, Inc.
1600 Corporate Landing Parkway
Virginia Beach, VA 23454-5617
888-4AL-ANON/888-425-2666 (Toll-Free)
www.al-anon.alateen.org

Alcoholics Anonymous
475 Riverside Drive, 11th Floor
New York, NY 10115
212-870-3400
www.aa.org

American Psychological Association
Policy and Advocacy in the Schools
750 1st Street, NE
Washington, DC 20002-4242
800-374-2723 (Toll-Free)
202-336-6123 (TTY)
www.apa.org

Child Welfare League of America
440 1st Street, NW, 3rd Floor
Washington, DC 20001
202-638-2952
www.cwla.org

Children's Defense Fund
25 E Street, NW
Washington, DC 20001
202-628-8787
www.childrensdefense.org

Join Together
One Appleton Street, 4th Floor
Boston, MA 02116-5223
617-437-1500
www.jointogether.org

Latino American Youth Center
1419 Columbia Road, NW
Washington, DC 20009
202-319-2225
www.layc-dc.org

Mothers Against Drunk Driving
1025 Connecticut Avenue, NW, Suite 1200
Washington, DC 20036
202-974-2497
www.madd.org

National Asian Pacific American
Families Against Substance Abuse
340 East 2nd Street, Suite 409
Los Angeles, CA 90012
213-625-5795
www.napafasa.org

National Association for Children of Alcoholics
11426 Rockville Pike, Suite 100
Rockville, MD 20852
888-55-4COAS (888-554-2627) (Toll-Free)
www.nacoa.org

National Association for Equal Opportunity
in Higher Education
8701 Georgia Avenue, Suite 200
Silver Spring, MD 20910
301-650-2440
www.nafeo.org

National Association of School Psychologists
4340 East West Highway, Suite 402
Bethesda, MD 20814
301-657-0270
www.nasponline.org

National Association of Social Workers
750 1st Street NE, Suite 700
Washington, DC 20002-4241
202-408-8600
800-638-8799 (Toll-Free)
www.socialworkers.org

National Association of State Alcohol
and Drug Abuse Directors
808 17th Street, NW, Suite 410
Washington, DC 20006
202-293-0090
www.nasadad.org

National Council on Alcoholism
and Drug Dependence, Inc.
20 Exchange Place, Suite 2902
New York, NY 10005-3201
212-269-7797
800-NCA-CALL (Hope Line) (Toll-Free)
www.ncadd.org

National Education Association—Health
Information Network
1201 16th Street, NW, Suite 521
Washington, DC 20036
202-822-7570
www.neahin.org

National Indian Child Welfare Association
5100 SW Macadam Avenue, Suite 300
Portland, OR 97239
503-222-4044
www.nicwa.org

National Latino Children's Institute
1325 North Flores Street, Suite 114
San Antonio, TX 78212
210-228-9997
www.nlci.org

National PTA Drug and Alcohol Abuse
Prevention Project
330 North Wabash Avenue, Suite 2100
Chicago, IL 60611-3690
800-307-4782 (Toll-Free)
www.pta.org

Partnership for a Drug-Free America
405 Lexington Avenue, Suite 1601
New York, NY 10174
212-922-1560
www.drugfreeamerica.org

Phoenix House
164 West 74th Street
New York, NY 10023
212-595-5810
www.phoenixhouse.org

Wellbriety for Youth Movement
P.O. Box 6201
Scottsdale, AZ 85261
877-871-1495 (Toll-Free)
www.whitebison.org

Sources

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Workplace

Most people who are addicted to alcohol or illicit drugs are employed. According to the *"2001 National Household Survey on Drug Abuse,"* 76 percent of illicit drug users are employed either full- or part-time.[1] More than 60 percent of adults know someone who has reported for work under the influence of alcohol or other drugs.[2]

Rates for current alcohol use were 59 percent for full-time employed adults aged 18 or older in 2001 compared with 52 percent of their unemployed peers.[3] In fact, alcohol is the most widely abused substance among working adults. Most binge (five or more drinks on the same occasion at least once in 30 days) and heavy (five or more drinks on the same occasion on at least five different days in the past 30 days) alcohol users are employed. Among the 43.9 million adult binge drinkers in 2001, 35.4 million (81 percent) were employed either full- or part-time.[4] Similarly, 9.8 million (80 percent) of the 12.4 million adult heavy drinkers were employed.[5] These disturbing data underscore the point that all businesses, regardless of their size, may at some point need to deal with an employee who has an alcohol or drug addiction.

Substance abuse in the workplace can cause a myriad of problems for businesses, including increases in absenteeism, on-the-job accidents, errors in judgment, legal expenses, medical insurance claims, and illness rates, and decreases in productivity and employee morale. For example:

- Alcohol and drug abuse has been estimated to cost American businesses roughly $81 billion in lost productivity in just one year—$37 billion due to premature death and $44 billion due to illness.[6]
- Alcoholism is estimated to cause 500 million lost workdays annually.[7]
- Individuals who are current illicit drug users are also more likely (12.9 percent) than those who are not (5 percent) to have skipped one or more work days in the past month.[8]
- Results from a U.S. Postal Service study revealed that employees who tested positive in a pre-employment drug test are 66 percent more likely to be absent and 77 percent more likely to be discharged within three years than those who tested negative.[9]

The good news for employers is that the benefits of achieving an alcohol- and drug-free workplace through substance abuse treatment and recovery for employees are substantial. Results can include improvements in performance, motivation, and morale, increases in overall customer satisfaction, and financial savings through incentive programs offered by insurance carriers. In addition, a commitment to alcohol and drug abuse treatment for employees in need can

"We've had people with breast cancer and no one would ever suggest to us, while they're going through chemo, 'You should just get rid of them.' To say that about alcoholism or an abuse situation makes no sense to us. We can be a voice in the community and say, 'It's time to step up to the plate and do something.'"

—Diane Crookham-Johnson
Vice President of Administration
Musco Lighting

help reduce accidents, absenteeism, employee theft and fraud, insurance claims, and workers' compensation costs. Numerous studies have shown that the resources required to support such treatment and recovery programs are well worth the investment. For example, full parity for alcohol and drug treatment services in private health insurance plans that tightly manage care would increase family insurance premiums less than one percent.[10]

Making a Difference: What Can I Do?

1. **Set the Tone.** Demonstrate your company's commitment to operating a drug-free workplace by establishing a comprehensive workplace drug education program, including a drug-free workplace policy, supervisor training, employee education, and employee assistance. There is a wealth of information available to help you get started. Begin by contacting some of the resources listed at the end of this fact sheet. In addition, SAMHSA's Workplace Resource Center provides centralized access to information about drug-free workplaces and related topics at www.drugfreeworkplace.gov. Also consider the Substance Abuse Information Database located at www.dol.gov/asp/programs/drugs/said.htm. It is a one-stop source for businesses seeking information about workplace substance abuse. This site contains hundreds of documents, including sample policies, articles, research reports, training and educational materials, and legal and regulatory information. Another important resource is the Drug-Free Workplace Advisor, an online interactive system containing free, ready-to-use presentation materials for supervisor training and employee education. It can be found on the Internet at www.dol.gov/elaws/drugfree.htm.

2. **Make It Easy for Your Employees to Get Help.** Smaller businesses cannot always afford to provide in-house resources, but this need not prevent a company from referring its employees to appropriate local organizations and professionals for help in confronting a substance abuse problem, as well as any co-occurring and co-existing conditions such as psychiatric disorders, medical problems, or physical disabilities. Even those with co-occurring substance abuse and mental disorders can return to useful and productive lives. As the U.S. Substance Abuse and Mental Health Services Administration's ***Report to Congress on the Prevention and Treatment of Co-occurring Substance Abuse Disorders and Mental Disorders*** points out, people with co-occurring disorders can and do recover when they have access to appropriate treatment services.[11]

   Examples of addiction treatment referrals might include certified chemical dependency counselors and therapists, Alcoholics Anonymous, Narcotics Anonymous, or Al-Anon/Alateen. In addition, there are resources available to assist individuals within a particular field. For example, a law firm may refer an addicted attorney to Lawyers Concerned About Lawyers, the ABA Commission on Lawyer Assistance Programs, or its bar association's lawyer assistance program.

3. **Hire Individuals in Recovery.** Many businesses across the nation have worked with substance abuse treatment programs to recruit people in recovery who are highly motivated to succeed and prove themselves and take tremendous pride in their achievements. The National Association on Drug Abuse Problems (NADAP) is a private, nonprofit

organization founded in 1971 to provide individuals the opportunity to become self-sufficient, productive, employed, and free of substance abuse. Nationally acclaimed for its employment programs, curriculum development, counselor training, research studies, and community involvement, NADAP has helped nearly 10,000 men and women recovering from substance abuse problems return successfully to work. Through its effective partnership with business and labor, more than 1,000 companies, including Au Bon Pain, Federal Express, Coca-Cola Bottling Company, Macy's, Omni Park Hotel, Radio Shack, Inc., and Staples, Inc., have hired NADAP applicants. For more information, call 1-800-435-2818 or visit them online at www.nadap.org.

4. **Provide Inclusive Health Insurance Coverage.** The cost of obtaining treatment for addiction can be prohibitive for many individuals who are in need of these services. In addition, people in recovery who do have health insurance often find that coverage for treatment of their addiction is limited or nonexistent. Demonstrate your commitment to supporting your employees by negotiating with your health insurance company for coverage of behavioral health services, including alcohol and drug abuse treatment and counseling.

Making a Difference: How Can I Focus My Efforts During *Recovery Month*?

Each September, ***Recovery Month*** is observed and celebrated by hundreds of organizations across the country to spotlight the importance of substance abuse treatment. This year's theme is ***"Join the Voices for Recovery: Celebrating Health."*** Your company can make a difference by taking part in outreach efforts to promote and observe ***Recovery Month***. Here are a few ideas to help you begin:

1. **Educate Your Employees.** The most important audience you can reach with information about substance abuse treatment is your own staff. Provide your employees with basic facts on the signs and symptoms of alcohol and drug addiction, treatment options, and the company's policy in supporting employees in recovery. Information about ***Recovery Month*** can be delivered through a variety of communication vehicles, including interoffice newsletters, electronic mail messages, an internal or "intranet" web site, paycheck inserts, or bulletin boards in common areas throughout the office.

2. **Contribute to Local Efforts.** An important way for your business to demonstrate its corporate citizenship during ***Recovery Month*** is to support a local substance abuse treatment organization. Make a financial donation, organize a group of employees to volunteer their time, sponsor a ***Recovery Month*** educational or publicity event, or offer pro bono company services to a local treatment provider.

3. **Go Public about Your Program.** Write and distribute a press release to the local media about your company's drug education program and ***Recovery Month*** activities. Or byline a news article for placement in a business publication expressing your opinion about the extent of the problem of substance abuse and what can be done about it. Support your position with relevant statistics or scientific study results, personal anecdotes, or references to recent news events.

4. **Evaluate Your Efforts.** Survey your employees to obtain feedback on your company's workplace drug education program and determine what elements are not effective. Ensure your staff of the confidentiality of their responses, and use the findings to make decisions regarding any modifications to the program.

You are encouraged to share your plans and activities for *Recovery Month* 2003 with SAMHSA's Center for Substance Abuse Treatment, your colleagues, and the general public by posting them on the official *Recovery Month* web site at http://www.recoverymonth.gov.

We would like to know about your efforts during *Recovery Month*. Please complete the Customer Satisfaction Form enclosed in the kit. Directions are included on the form.

For any additional *Recovery Month* materials visit our web site at http://www.recoverymonth.gov or call 1-800-729-6686.

Additional Resources

Federal Agencies

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
200 Independence Avenue, SW
Washington, DC 20201
877-696-6775 (Toll-Free)
www.hhs.gov

HHS, Substance Abuse and Mental Health Services Administration (SAMHSA)
5600 Fishers Lane
Parklawn Building, Suite13C-05
Rockville, MD 20857
301-443-8956
www.samhsa.gov

HHS, SAMHSA
National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, MD 20847-2345
800-729-6686 (Toll-Free)
800-487-4889 (TDD) (Toll-Free)
877-767-8432 (Spanish) (Toll-Free)
www.ncadi.samhsa.gov

HHS, SAMHSA
National Directory of Drug Abuse and Alcoholism Treatment Programs
www.findtreatment.samhsa.gov

SAMHSA National Helpline
800-662-HELP (800-662-4357) (Toll-Free)
800-487-4889 (TDD) (Toll-Free)
877-767-8432 (Spanish) (Toll-Free)
(for confidential information on substance abuse treatment and referral)
www.findtreatment.samhsa.gov

HHS, SAMHSA
Center for Substance Abuse Treatment
5600 Fishers Lane
Rockwall II
Rockville, MD 20857
301-443-5052
www.samhsa.gov

HHS, SAMHSA
Center for Substance Abuse Prevention
Workplace Helpline
800-967-5752 (Toll-Free)
www.samhsa.gov

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
National Institutes of Health (NIH)
9000 Rockville Pike
Bethesda, MD 20892
301-496-4000
www.nih.gov

HHS, NIH
National Institute on Alcohol Abuse and Alcoholism
Willco Building
6000 Executive Boulevard
Bethesda, MD 20892-7003
301-443-3860
www.niaaa.nih.gov

HHS, NIH
National Institute on Drug Abuse
Office of Science Policy and Communication
6001 Executive Boulevard
Room 5213 MSC 9561
Bethesda, MD 20892-9561
301-443-1124
Telefax fact sheets: 888-NIH-NIDA (Voice) (Toll-Free)
or 888-TTY-NIDA (TTY) (Toll-Free)
www.drugabuse.gov

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
Office of Minority Health Resource Center
P.O. Box 37337
Washington, DC 20013-7337
800-444-6472 (Toll-Free)
301-230-7199 (TDD)
www.omhrc.gov

EXECUTIVE OFFICE OF THE PRESIDENT
White House Office of National Drug Control Policy
Drug-Free Workplace Programs Information
P.O. Box 6000
Rockville, MD 20849-6000
800-666-3332 (Toll-Free)
www.whitehousedrugpolicy.gov

U.S. DEPARTMENT OF LABOR (DOL)
200 Constitution Avenue, NW
Washington, DC 20210
866-4-USA-DOL (Toll-Free)
www.dol.gov

DOL, Working Partners for an Alcohol- and Drug-Free Workplace
200 Constitution Avenue, NW, Room S-2312
Washington, DC 20210
202-693-5959
www.dol.gov/dol/workingpartners.htm
www.dol.gov/asp/programs/drugs/party/party.htm

Other Resources

Al-Anon/Alateen
For Families and Friends of Alcoholics
Al-Anon Family Group Headquarters, Inc.
1600 Corporate Landing Parkway
Virginia Beach, VA 23454-5617
888-4AL-ANON/888-425-2666 (Toll-Free)
www.al-anon.alateen.org

Alcoholics Anonymous
475 Riverside Drive, 11th Floor
New York, NY 10115
212-870-3400
www.aa.org

Employee Assistance Professionals Association
2101 Wilson Boulevard, Suite 500
Arlington, VA 22201-3062
703-522-6272
www.eapassn.org

Employee Assistance Society of North America
230 East Ohio Street, Suite 500
Chicago, IL 60611-4607
312-644-0828
www.easna.org

Institute for a Drug-Free Workplace
1225 I Street, NW, Suite 1000
Washington, DC 20005
202-842-7400
www.drugfreeworkplace.org

National Association on Drug Abuse Problems, Inc.
355 Lexington Avenue, 2nd Floor
New York, NY 10017
212-986-1170
www.nadap.org

National Drug-Free Workplace Alliance
6868 S. Plumer
Tucson, AZ 85706
877-817-6809

Partnership for a Drug-Free America
405 Lexington Avenue, Suite 1601
New York, NY 10174
212-922-1560
www.drugfreeamerica.org

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11 *Report to Congress on the Prevention and Treatment of Co-occurring Substance Abuse Disorders and Mental Disorders*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 2002.

Community-Based and Service Organizations

Substance abuse is prevalent in America, affecting both families and individuals. The *"2001 National Household Survey on Drug Abuse"* highlights the following facts about substance abuse:[1]

- An estimated 16 million Americans (7.1 percent of the population 12 and older) were current users of illicit drugs in 2001, meaning they had used an illicit drug at least once during the 30 days prior to being interviewed.
- Illicit drug use among youth was highest for those between the ages of 18 and 25 (18.8 percent) in 2001.

Recent events in the world have triggered Post-Traumatic Stress Disorder (PTSD) in people who also have substance abuse problems. In fact, an estimated 5.2 million American adults between the ages of 18 and 54 have PTSD. This is a dangerous situation for someone in treatment or recovery. Today, PTSD is clinically recognized as one of the symptoms of a co-occurring disorder when coupled with drug and alcohol abuse. According to the U.S. Substance Abuse and Mental Health Services Administration's recently released ***Report to Congress on the Prevention and Treatment of Co-occurring Substance Abuse Disorders and Mental Disorders***, 7 to 10 million individuals in this country have at least one mental disorder accompanied by an alcohol and drug abuse addiction. However, with the help of community-based organizations and faith organizations, people with co-occurring disorders can seek treatment and get the support they need to face their illness.

Why are faith-based and community organizations so successful? Consider these facts:

- For 6 out of 10 Americans, religious faith is the most important influence in their lives; for 8 out of 10, religious beliefs provide comfort and support.[2]
- Ministries can prevent substance abuse by reaching out to youth and getting them involved in positive activities (i.e., scouts, camping, or sports).[3]
- For teens, only 13 percent of those who attend religious services four or more times a month have smoked marijuana compared to 39 percent of those who attend services less than once a month.[4]
- Only 19 percent of teens who attend religious services four times or more a month have drunk alcohol in the past month, compared to 32 percent of those who attend religious services less than once a month.[5]

"I'd been a heroin addict for years. My first days of awakening were walking into a faith-based community organization [Teen Challenge International]. I graduated in 1974. [Since then,] I've walked the excellence that I know is there to be walked. The man I've been now for 29 years is who I am."

—Henry Lozano
White House Advisor on Substance Abuse and Addiction

- There is evidence that social support from friends and outside influences can moderate the effects of a family history of drug and alcohol problems.[6]
- Children who coped effectively with the trauma of growing up in families affected by alcoholism often relied on the support of a non-alcoholic parent, stepparent, grandparent, teacher, or others when they were growing up.[7]
- Factors that have been cited in fostering student ability to resist drugs include positive peer affiliations, bonding/involvement in school activities, relationships with caring adults, opportunities for school success and responsible behavior, and the availability of drug-free activities.[8]

Making a Difference: What Can I Do?

1. **Educate Yourself and the Community about Substance Abuse Addiction and Treatment**. The key to spreading correct messages about addiction starts with leaders who truly understand the disease of addiction. Seek out people in recovery in your community who are willing to speak openly about their addictions; contact local support groups or local religious organizations for spokespeople who might be willing to educate your leaders. Demonstrating to the local community that addiction is a treatable disease may encourage other community-based organizations to work aggressively for more community programs.[9]

   For example, the One Church-One Addict program, created with grants from the Robert Wood Johnson Foundation, organizes and trains volunteers from churches and other religious organizations to support people in need of treatment and those in recovery from addiction. By the end of 2000, One Church-One Addict reported that approximately 750 religious congregations had either established a volunteer team or had begun training.[10]

2. **Work with Existing Channels in Your Community.** Local community-based organizations can work with store owners to enforce a crackdown on alcohol sales to underage youth. You can also support local schools and enlist the help of parents to spread the message that not all children "do drugs" but that treatment is available for those that abuse substances. Most importantly, community-based organizations and faith communities can support those already working in the treatment field, celebrating the accomplishments of these often hidden heroes.[11] In addition, many community-based organizations are a wonderful resource for those who have problems as many leaders are skilled in assisting with stress and trauma.

   Create a community anti-drug coalition. These coalitions combine existing resources into a single community-wide system of prevention and treatment.[12]

   Some things to consider when evaluating this option for your community:

   - Coalitions are not interventions; they provide support services and plans for those in need.
   - Each community's coalitions will be different due to the available resources and priorities of the community.
   - Structure is very important. Each coalition needs strong and knowledgeable leadership and specific written descriptions of each job within the coalition.

The Community Anti-Drug Coalitions of America (CADCA) is a great example of the power of community coalitions. This organization has over 5,000 members committed to building and strengthening the capacity of community coalitions to support a drug-free community. Another example is Join Together, a national organization that supports community-wide efforts to reduce substance abuse. Information on both organizations, along with several others, is in the resource section at the back of this fact sheet.

3. **Be Informed.** Make sure your community-based organization or faith community leaders are kept up-to-date on the latest substance abuse and mental health information. This includes the latest figures on the types of substances being abused, the ages of people abusing these substances, the current statistics on mental disorders, how to screen for co-occurring disorders, and the newest types of treatments for both disorders. Possible resources for this type of information are listed in the back of this fact sheet.

4. **Get Involved.** Have Elders in the Native American communities involved in forming wellness and recovery related practices. Use their experience and position to establish programs and activities based on culture and teachings.

5. **Seek Alternative Solutions.** Sometimes your community may have special needs that common solutions to substance abuse problems cannot solve. However, these challenges do not have to be daunting; they will just require more creative solutions. For example:

   Do you live in a college town? Then you might want to consider partnering with your local university/college or community college to sponsor sober dorms. Sober dorms can be one of two things: either living environments for students who choose not to get involved in drugs or alcohol, or places for students in recovery to receive support for both their school work and their treatment.

   Do you live in a community with large numbers of Native Americans? Think about becoming involved in prevention and treatment programs at tribal colleges. Tribal colleges were created to serve the needs of Native Americans. Tribal colleges not only provide higher education for those graduating from high school—they also reach geographically isolated populations. Because of the high rate of substance abuse among Native Americans, most tribal colleges provide counseling.[13]

Making a Difference: How Can I Focus My Efforts During Recovery Month?

Recovery Month is celebrated each year during September. This year's theme, chosen to reflect the thousands of organizations who support ***Recovery Month***, is ***"Join the Voices for Recovery: Celebrating Health."*** Whether your community-based organization or faith community is large or small, you are encouraged to participate in this year's celebration. Here are some ideas on how to get involved:

1. **Be Creative.** Work with local volunteer performance organizations (i.e., dance troupes, theater companies, choral and chamber groups) to create shows that help get the message out that substance abuse is a treatable disease. Make sure the show or concert targets both

children/teens and adults/families. The shows or concerts could be offered free to the community and take place at the performance group's venue or at your organization. Make information about substance abuse treatment available for those attending. Also, spokespeople from local treatment centers could hold a question-and-answer session before or after the show. Place advertisements about the upcoming show or concert in your organization's newsletter or church bulletin and in windows of local stores and restaurants.

2. **Integrate Your Message into Activities for the Community.** Get involved in local sports, whether it be at the high school or college level. Work with the schools and coaches to educate students on the dangers of steroids and other "performance-enhancing" drugs. Sponsor a night at a local minor league hockey or baseball game and during the event distribute handouts with substance abuse information or fun giveaway items such as key chains or whistles with your organization's name, phone number, and web site address, if applicable. Help sponsor a run or walk for a substance abuse cause in your community. Donate the money you raise to a local treatment center for new programs, new staff, or a new facility.

3. **Sponsor a Health and Community Fair.** If your community does not have a local summer fair, start one and make it health-focused. Have booths for local treatment centers to offer information and speak to their neighbors. Offer treatment materials for those who might be in need. Invite local politicians and celebrities to speak on substance abuse topics. Make sure that there are activities for children as well.

   If your community already sponsors a local summer fair, make sure your organization has a booth or space. Gather substance abuse information from treatment centers and have it available for those in attendance.

You are encouraged to share your plans and activities for *Recovery Month* 2003 with SAMHSA's Center for Substance Abuse Treatment, your colleagues, and the general public by posting them on the official *Recovery Month* web site at http://www.recoverymonth.gov.

We would like to know about your efforts during *Recovery Month*. Please complete the Customer Satisfaction Form enclosed in the kit. Directions are included on the form.

For any additional *Recovery Month* materials visit our web site at http://www.recoverymonth.gov or call 1-800-729-6686.

Additional Resources

Federal Agencies

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
200 Independence Avenue, SW
Washington, DC 20201
877-696-6775 (Toll-Free)
www.hhs.gov

HHS, Substance Abuse and Mental Health Services Administration (SAMHSA)
5600 Fishers Lane
Parklawn Building, Suite13C-05
Rockville, MD 20857
301-443-8956
www.samhsa.gov

HHS, SAMHSA
National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, MD 20847-2345
800-729-6686 (Toll-Free)
800-487-4889 (TDD) (Toll-Free)
877-767-8432 (Spanish) (Toll-Free)
www.ncadi.samhsa.gov

SAMHSA National Helpline
800-662-HELP (800-662-4357) (Toll-Free)
800-487-4889 (TDD) (Toll-Free)
877-767-8432 (Spanish) (Toll-Free)
(for confidential information on substance abuse treatment and referral)
www.findtreatment.samhsa.gov

HHS, SAMHSA
Center for Substance Abuse Treatment
5600 Fishers Lane
Rockwall II
Rockville, MD 20857
301-443-5052
www.samhsa.gov

HHS, SAMHSA
Center for Mental Health Services
5600 Fishers Lane
Parklawn Building, Room 17-99
Rockville, MD 20857
301-443-2792
www.samhsa.gov

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
National Institutes of Health (NIH)
9000 Rockville Pike
Bethesda, MD 20892
301-496-4000
www.nih.gov

HHS, NIH
National Institute on Alcohol Abuse and Alcoholism
Willco Building
6000 Executive Boulevard
Bethesda, MD 20892-7003
301-443-3860
www.niaaa.nih.gov

HHS, NIH
National Institute on Drug Abuse
Office of Science Policy and Communication
6001 Executive Boulevard
Room 5213 MSC 9561
Bethesda, MD 20892-9561
301-443-1124
Telefax fact sheets: 888-NIH-NIDA (Voice) (Toll-Free)
or 888-TTY-NIDA (TTY) (Toll-Free)
www.drugabuse.gov

U.S. DEPARTMENT OF EDUCATION (ED)
400 Maryland Avenue, SW
Washington, DC 20202-6123
800-872-5327 (Toll-Free)
www.ed.gov

ED, Safe and Drug-Free Schools
400 Maryland Avenue, SW
Washington, DC 20202-6123
202-260-3954
www.ed.gov/offices/OESE/SDFS

Other Resources

4-H
1400 Independence Avenue, SW
STOP 2225
Washington, DC 20250-2225
202-720-2908
www.4-h.org

Al-Anon/Alateen
For Families and Friends of Alcoholics
Al-Anon Family Group Headquarters, Inc.
1600 Corporate Landing Parkway
Virginia Beach, VA 23454-5617
888-4AL-ANON/888-425-2666 (Toll-Free)
www.al-anon.alateen.org

Alcoholics Anonymous
475 Riverside Drive, 11th Floor
New York, NY 10115
212-870-3400
www.aa.org

Aliviane NO-AD, Inc.
7722 North Loop Road
El Paso, TX 79915
915-782-4000
www.aliviane.org

American Psychological Association
750 1st Street, NE
Washington, DC 20002-4242
800-374-2724 (Toll-Free)
202-336-6123 (TTY)
www.apa.org

American Public Health Association
800 I Street, NW
Washington, DC 20001
202-777-2742 (APHA)
202-777-2500 (TTY)
www.apha.org

Association of State and Territorial Health Officials
1275 K Street, NW, Suite 800
Washington, DC 20005-4006
202-371-9090
www.astho.org

Big Brothers/Big Sisters of America
230 North 13th Street
Philadelphia, PA 19107
215-567-7000
www.bbbsa.org

Boys & Girls Clubs of America
1230 West Peachtree Street, NW
Atlanta, GA 30309
404-487-5700
www.bgca.org

Catholic Charities, USA
1731 King Street, Suite 200
Alexandria, VA 22314
703-549-1390
www.catholiccharitiesusa.org

Child Welfare League of America
440 1st Street, NW, 3rd Floor
Washington, DC 20001
202-638-2952
www.cwla.org

Children's Defense Fund
25 E Street, NW
Washington, DC 20001
202-628-8787
www.childrensdefense.org

Church of Jesus Christ of Latter-Day Saints
2520 L Street, NW, 2nd Floor
Washington, DC 20037
202-448-3333
www.lds.org

Community Anti-Drug Coalitions of America
901 North Pitt Street, Suite 300
Alexandria, VA 22314
800-54-CADCA/800-542-2322 (Toll-Free)
www.cadca.org

Congress of National Black Churches
National Anti-Drug Campaign
2000 L Street, NW, Suite 225
Washington, DC 20036-4962
202-296-5657
www.cnbc.org

Connecticut Community for Addiction Recovery
530 Silas Deane Highway
Wethersfield, CT 06109
860-571-2985
www.ccar-recovery.org

Faces and Voices of Recovery
901 N. Washington Street, Suite 601
Alexandria, VA 22314
703-299-6760
www.efavor.org

General Board of Global Ministries of the United Methodist Church
Program on Substance Abuse
110 Maryland Avenue, NE, Suite 404
Washington, DC 20002
202-548-2712
www.gbgm-umc.org

Girl Scouts of the U.S.A.
Just for Girls, 15th Floor
420 5th Avenue
New York, NY 10018-2798
800-GSUSA4U/800-478-7248 (Toll-Free)
www.girlscouts.org

Jewish Alcoholics, Chemically Dependent Persons and Significant Others
850 7th Avenue, Penthouse
New York, NY 10019
212-397-4197
www.jacsweb.org

Johnson Institute
10001 Wayzata Boulevard
Minnetonka, MN 55305
952-582-2713
www.johnsoninstitute.org

Join Together
One Appleton Street, 4th Floor
Boston, MA 02116-5223
617-437-1500
www.jointogether.org

Miami Coalition for a Safe and Drug-Free Community
University of Miami/North South Center
1500 Monza Avenue
Coral Gables, FL 33146-3027
305-284-6848
www.miamicoalition.org

Mothers Against Drunk Driving
1025 Connecticut Avenue, NW, Suite 1200
Washington, DC 20036
202-974-2497
www.madd.org

National Association for Children of Alcoholics
11426 Rockville Pike, Suite 100
Rockville, MD 20852
888-55-4COAS/888-554-2627 (Toll-Free)
www.nacoa.org

National Association of Community Health Centers
7200 Wisconsin Avenue, Suite 210
Bethesda, MD 20814
301-347-0400
www.nachc.com

National Association of Rural Health Clinics
426 C Street, NE
Washington, DC 20002
202-543-0348
www.narhc.org

National Association of State Alcohol and Drug Abuse Directors
808 17th Street, NW, Suite 410
Washington, DC 20006
202-293-0090
www.nasadad.org

National Council for Community Behavioral Healthcare
12300 Twinbrook Parkway, Suite 320
Rockville, MD 20852
301-984-6200
www.nccbh.org

National Council on Alcoholism and Drug Dependence, Inc.
20 Exchange Place, Suite 2902
New York, NY 10005-3201
212-269-7797
800-NCA-CALL (Hope Line) (Toll-Free)
www.ncadd.org

National Families in Action
2957 Clairmont Road, NE, Suite 150
Atlanta, GA 30329
404-248-9676
www.nationalfamilies.org

Partnership for a Drug-Free America
405 Lexington Avenue, Suite 1601
New York, NY 10174
212-922-1560
www.drugfreeamerica.org

RecoveryWorks
1954 University Avenue West, Suite 12
Saint Paul, MN 55104
651-645-1618
www.addictions.org/recoveryworks

Step One
665 West 4th Street
Winston Salem, NC 27101
336-725-8389
800-758-6077 (Toll-Free)
www.stepone.org

Therapeutic Communities of America
1601 Connecticut Avenue, NW, Suite 803
Washington, DC 20009
202-296-3503
www.tcanet.org

White Bison
6145 Lehman Drive, Suite 200
Colorado Springs, CO 80918
719-548-1000
www.whitebison.org

Young Men's Christian Association of the USA
1701 K Street, NW, Suite 903
Washington, DC 20006
202-835-9043
www.ymca.net

Young Women's Christian Association of the U.S.A.
1015 18th Street, NW, Suite 700
Washington, DC 20036
202-467-0801
800-YWCA-US1

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3 ibid.

4 *So Help Me God: Substance Abuse, Religion and Spirituality.* New York, NY: National Center on Addiction and Substance Abuse, Columbia University, November 2001.

5 ibid.

6 *Ninth Special Report to the U.S. Congress on Alcohol and Health from the Secretary of Health and Human Services.* Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism, June 1997.

7 Werner, E.E. and Johnson, J.L. "The role of caring adults in the lives of children of alcoholics." *Children of Alcoholics: Selected Readings,* Vol. 2, 2000.

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Health Care Providers and Payers

Alcohol and drug abuse and addiction continues to be a huge problem in the United States. Nowhere is this felt more than in the health care community. Health care providers and those who pay for medical services feel the impact of a disease that affects millions. According to the "2001 National Household Survey of Drug Abuse:" [1]

- There are 15.9 million illicit drug users in the United States—7.1% of the U.S. population over 12 years of age.
- 10.8 percent of youth 12-17 years of age used an illicit drug in the last 30 days.
- 28.5 percent of all youth aged 12 to 20 drank in the last month—10.1 million. Of that total, 6.8 million were binge drinkers, 2.1 million heavy drinkers.
- Almost one in five adult Americans lived with an alcoholic while growing up.[2]

With so many men, women, and youth using or addicted to alcohol and illicit drugs, the chances are that anyone engaged in the provision of health care will encounter people in need of help with alcohol and drug problems. It is almost certain that primary care physicians in managed care settings will encounter many of those with substance abuse problems since many of them have health care insurance and almost 77 percent of illicit drug users are employed.[3] If a primary cause of their health problems—drugs and alcohol—is not met head-on, through referrals and support, these patients will continue to tax the medical care system and cost payers because of the need to treat other medical conditions exacerbated by substance abuse or addiction. The list of co-existing diseases is long, ranging from AIDS to hypertension and cardiovascular disease, from diabetes to hepatitis C.

In the course of practice, health care providers can also expect to see people with "co-occurring" disorders, that is, those with both mental and substance abuse disorders. About half of people with a lifetime addictive disorder also experience a lifetime history of at least one mental disorder. Roughly 50 percent of those with a lifetime mental disorder also have a lifetime history of at least one addictive disorder.[4] Unfortunately, large numbers of these people in need of treatment do not receive it.

"I got kicked out of pharmacy school twice due to a full-blown cocaine addiction—the school [called it] 'academic difficulty.' I call it the conspiracy of silence. People don't know where to turn when [addiction] happens. There isn't a lot of discussion about what to do and where to go."

—David Marley
Executive Director of the
NC Pharmacists Recovery Network

Failure to treat both disorders almost assures an exacerbation of health problems. The U.S. Substance Abuse and Mental Health Services Administration's ***Report to Congress on the Prevention and Treatment of Co-occurring Substance Abuse Disorders and Mental Health Disorders*** points out: "If one of the co-occurring disorders goes untreated, both usually get worse and additional complications arise. The combination of disorders can result in poor response to traditional treatments and increase the risk for other serious medical problems."[5]

According to a substance abuse study of primary care physicians and patients, 54 percent of patients said their primary care physician did nothing about their substance abuse—43 percent said their physician never diagnosed it; 10.7 percent said they believed their physician knew about their addiction and did nothing about it.[6] The study bolstered this perception by stating that "more than nine in ten physicians fail to spot substance abuse in adults. Four out of ten missed it in teens."[7] There are several reasons why physicians miss or misdiagnose substance abuse, including lack of adequate training in medical school, skepticism about treatment effectiveness, patient resistance, discomfort in discussing substance abuse with patients, and time constraints.[8]

Effectiveness of Treatment

Only a small number of medical practitioners feel that treatment for drug abuse and alcoholism is very effective.[9] Most of these same practitioners consider treatments for other chronic conditions such as hypertension and diabetes to be very effective.[10] Yet, treatment success rates are comparable for these medical conditions. In a study reported in the *Journal of the American Medical Association* (*JAMA*), drug dependence, including alcohol, was compared to type 2 diabetes mellitus, hypertension, and asthma. The study concluded that "medical adherence and relapse rates are similar across these illnesses. Drug dependence generally has been treated as if it were an acute illness. Review results suggest that long-term care strategies of medication management and continued monitoring produce lasting benefits. Drug dependence should be insured, treated, and evaluated like other chronic illnesses."[11]

Other studies confirm these findings and even show that brief interventions are effective in significantly reducing dependence.[12, 13]

Brief Interventions

Brief interventions can be effective in a variety of populations. A study was conducted among older "problem drinkers"—men who consumed 11 or more drinks per week, women who consumed eight or more drinks per week—and those who indicated other difficulties with alcohol. They received two 10-15 minute interventions and reinforcement visits one month apart. Follow-ups were conducted at three, six, and 12 months. At 12 months, the intervention group had reduced alcohol consumption by 36 percent. The proportion of drinkers classified as excessive drinkers declined by 52 percent, and binge drinking declined by 47 percent.[14]

A second study was conducted in a trauma center. The study noted that about 50 percent of patients admitted to trauma centers in the United States are intoxicated and among them approximately 85 percent have a serious problem with alcohol. Trauma centers routinely treat the injuries but ignore the underlying alcohol problem. In the study conducted in a level 1 trauma center, a sample of patients screened for alcohol problems received either a brief, 30-minute counseling session or standard trauma center care. Researchers examined records for every hospital in Washington state to determine if patients were re-admitted. Over the next three years, among those who received an intervention, there was a 48 percent reduction in injuries requiring hospitalization. In addition to a decrease in alcohol use and trauma reduction, risk-taking behavior, DUIs, traffic violations, alcohol-related arrests, and other arrests also declined.[15]

Silent Success

It can be argued that one other factor, unique to the substance abuse field, plays a part in the diminished awareness of treatment success; that is the long tradition of protecting the anonymity of people in recovery. In no other field do millions of success stories go untold. The vast majority of these men, women, and youth in recovery are leading healthy, active, productive lives. But few outside their families and close friends are aware of their successes. This year's theme, ***"Join the Voices for Recovery: Celebrating Health,"*** underscores the importance of sharing the successes of recovery with the public.

Making a Difference: What Can I Do?

1. **Get the Facts.** Learn about the newest science-based treatment protocols through education and training. Learn about the nature of addiction and increase your understanding of the recovery process.

2. **Examine Your Own Perceptions of Substance Abuse.** A study states "the effects of drug dependence on social systems have helped shape the generally held view that drug dependence is primarily a social problem, not a health problem."[16] It is hard even for health professionals to entirely escape this perception, but research clearly establishes that addiction to alcohol and drugs is a medical problem, not a moral weakness. The stigma associated with addiction compromises the ability of people in need from getting treatment. The best way to combat stigma is by educating and informing ourselves and others about the disease. In that manner we can change attitudes and actions.

3. **Recognize that "One Size Does Not Fit All."** Nowhere is this more true than in the field of substance abuse treatment. To be fully effective, service plans should be individualized to the needs of the client. Cultural background and special needs must be recognized. It is important to take into account the needs of those with co-existing disorders including HIV/AIDS and physical and cognitive/developmental disabilities.

4. **Take a Holistic Approach to Those with Co-occurring Disorders.** Make every effort to identify those with co-occurring substance abuse and mental disorders and treat the whole person. For treatment to be fully effective, it is vital that health care providers expect that

patients will exhibit both mental and substance abuse problems and will need coordinated treatment for both conditions.

5. **Re-evaluate Mental Health and Substance Abuse Benefits**. Many assumptions about the cost of benefits were made based on actuarial assumptions which reflected utilization patterns from the 1970s and 1980s. They do not reflect today's private sector treatment systems.[17] Rand Health conducted a study of 24 plans that had no limits on mental health or substance abuse care, $10 co-payments for outpatient visits, and $100 co-payments for inpatient care. Services were managed through a managed behavioral health organization. Providing unlimited mental health benefits in these plans resulted in about $45 per plan member per year of insurance payments to providers.[18] Unlimited substance abuse benefits alone accounted for about an additional $5 per plan member per year.[19]

6. **Employ Screening Instruments to Help Identify Those in Need of Services.** Experts in substance abuse treatment recommend that primary care clinicians "periodically and routinely screen all patients for substance use disorders."[20] In addition to questioning patients, a variety of screening instruments are available for use. A number of these instruments, including CAGE, CAGE-AID (CAGE adapted to include drugs), AUDIT, TWEAK, and MAST, are described in depth in Treatment Improvement Protocol (TIP) Series #24, *A Guide to Substance Abuse Services for Primary Care Clinicians* (DHHS Publication No. (SMA) 97-3139). It can be ordered free of charge from SAMHSA's clearinghouse, the National Clearinghouse for Alcohol and Drug Information (NCADI), at 1-800-729-6686, 301-468-2600, or 1-800-487-4889 (TDD).

Making a Difference: How Can I Focus My Efforts During *Recovery Month*?

We encourage health care providers and payers to take action in support of ***Recovery Month***, which begins in September 2003. Your voice is vital to the success of the 14th annual celebration of ***Recovery Month***. Here are some thoughts for your consideration:

1. **Encourage Others to Take Action.** Please encourage fellow health care professionals in their efforts to improve practices and make changes for the better. Encourage clinicians to seek out training so that they are better equipped to identify patients with drug and alcohol problems and refer them for treatment. Support efforts to increase medical students' knowledge of substance abuse and its treatment. Those of you who are involved in paying for services can make a great difference by adopting policies that better support treatment. Promote the facts about treatment's effectiveness and the realities of the recovery process. Talk with your constituents openly about how to fight their discomfort in tackling these issues.

2. **Examine Your Own Workplace Benefits.** Objectively evaluate your own workplace benefits to see if there are equal resources for your employees when it comes to mental health services and treatment for drug and alcohol addiction. Facilitate the provision of adequate treatment services for family members as well as the primary beneficiary of services.

3. **Participate in a Community Forum.** Many cities around the nation will be hosting Community Forums during ***Recovery Month*** to talk about drug and alcohol addiction,

to discuss recovery-related topics, and to solve identified problems. Consider becoming a Forum participant. Your expertise and commitment will be invaluable.

4. **Speak Out from a Personal Perspective, if You Are Comfortable.** If you or a loved one is recovering from a drug or alcohol problem you can be a very powerful voice for the effectiveness of treatment. As a respected member of your organization and your community, you may be able to impact benefit and service delivery decisions. You may want to consult your employee assistance program or human resources representative first to identify the most suitable and receptive audience for your disclosure. For maximum impact, if you have colleagues within the organization who also are in recovery, ask them if they would like to join you.

You are encouraged to share your plans and activities for *Recovery Month* 2003 with SAMHSA's Center for Substance Abuse Treatment, your colleagues, and the general public by posting them on the official *Recovery Month* web site at http://www.recoverymonth.gov.

We would like to know about your efforts during *Recovery Month*. Please complete the Customer Satisfaction Form enclosed in the kit. Directions are included on the form.

For any additional *Recovery Month* materials visit our web site at http://www.recoverymonth.gov or call 1-800-729-6686.

Additional Resources

Federal Agencies

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
200 Independence Avenue, SW
Washington, DC 20201
877-696-6775 (Toll-Free)
www.hhs.gov

HHS, Substance Abuse and Mental Health Services Administration (SAMHSA)
5600 Fishers Lane
Parklawn Building, Suite13C-05
Rockville, MD 20857
301-443-8956
www.samhsa.gov

HHS, SAMHSA
National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, MD 20847-2345
800-729-6686 (Toll-Free)
800-487-4889 (TDD) (Toll-Free)
877-767-8432 (Spanish) (Toll-Free)
www.ncadi.samhsa.gov

HHS, SAMHSA
National Directory of Drug Abuse and Alcoholism Treatment Programs
www.findtreatment.samhsa.gov

SAMHSA National Helpline
800-662-HELP (800-662-4357) (Toll-Free)
800-487-4889 (TDD) (Toll-Free)
877-767-8432 (Spanish) (Toll-Free)
(for confidential information on substance abuse treatment and referral)
www.findtreatment.samhsa.gov

HHS, SAMHSA
Center for Substance Abuse Treatment
5600 Fishers Lane
Rockwall II
Rockville, MD 20857
301-443-5052
www.samhsa.gov

HHS, SAMHSA
Center for Mental Health Services
5600 Fishers Lane
Parklawn Building, Room 17-99
Rockville, MD 20857
301-443-2792
www.samhsa.gov

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
Health Resources and Services Administration
Bureau of Primary Health Care
4350 East West Highway
Bethesda, MD 20814
888-ASK-HRSA (Toll-Free)
www.bphc.hrsa.gov

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
National Institutes of Health (NIH)
9000 Rockville Pike
Bethesda, MD 20892
301-496-4000
www.nih.gov

HHS, NIH
National Institute on Alcohol Abuse and Alcoholism
Willco Building
6000 Executive Boulevard
Bethesda, MD 20892-7003
301-443-3860
www.niaaa.nih.gov

HHS, NIH
National Institute on Drug Abuse
Office of Science Policy and Communication
6001 Executive Boulevard
Room 5213 MSC 9561
Bethesda, MD 20892-9561
301-443-1124
Telefax fact sheets: 888-NIH-NIDA (Voice) (Toll-Free)
or 888-TTY-NIDA (TTY) (Toll-Free)
www.drugabuse.gov

HHS, NIH
National Institute of Mental Health
Neuroscience Center
6001 Executive Boulevard
Room 8184, MSC 9663
Bethesda, MD 20892-9663
301-443-4513
www.nimh.nih.gov

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
Office of Minority Health Resource Center
P.O. Box 37337
Washington, DC 20013-7337
800-444-6472 (Toll-Free)
301-230-7199 (TDD)
www.omhrc.gov

Other Resources

Al-Anon/Alateen
For Families and Friends of Alcoholics
Al-Anon Family Group Headquarters, Inc.
1600 Corporate Landing Parkway
Virginia Beach, VA 23454-5617
888-4AL-ANON (888-425-2666) (Toll-Free)
www.al-anon.alateen.org

Alcoholics Anonymous
475 Riverside Drive, 11th Floor
New York, NY 10115
212-870-3400
www.aa.org

Alcoholism and Substance Abuse Providers of New York State
1 Columbia Place
Albany, NY 12207
518-426-3122
www.asapnys.org

American Academy of Child and Adolescent Psychiatry
3615 Wisconsin Avenue, NW
Washington, DC 20016-3007
202-966-7300
www.aacap.org

American Council on Alcohol Problems
2376 Lakeside Drive
Birmingham, AL 35244
205-989-8177

American Medical Association
515 North State Street
Chicago, IL 60610
312-464-5000
www.ama-assn.org

American Mental Health Counselors Association
801 North Fairfax Street, Suite 304
Alexandria, VA 22314
800-326-2642 (Toll-Free)
www.amhca.org

American Psychiatric Association
1000 Wilson Boulevard, Suite 1825
Arlington, VA 22209
888-357-7924 (Toll-Free)
www.psych.org

American Psychological Association
750 1st Street, NE
Washington, DC 20002-4242
800-374-2721 (Toll-Free)
www.apa.org

American Society of Addiction Medicine
4601 North Park Avenue, Upper Arcade Suite 101
Chevy Chase, MD 20815-4520
301-656-3920
www.asam.org

Association for Medical Education and Research in Substance Abuse
125 Whipple Street, 3rd Floor, Suite 300
Providence, RI 02908
401-349-0000
www.amersa.org

Association of American Indian Physicians
1225 Sovereign Row, Suite 103
Oklahoma City, OK 73108
405-946-7072
www.aaip.com

Association of Black Psychologists
P.O. Box 55999
Washington, DC 20040-5999
202-722-0808
www.abpsi.org

Indian Health Service
The Reyes Building
801 Thompson Avenue, Suite 400
Rockville, MD 20852-1627
301-443-2038
www.ihs.gov

International Nurses Society on Addictions
P.O. Box 10752
Raleigh, NC 27605
919-821-1292
www.intnsa.org

Massachusetts Organization for Addiction Recovery
(Affiliate of NEAAR-CSAT RCSP Grantee)
c/o Boston ASAP
30 Winter Street, 3rd Floor
Boston, MA 02108
617-423-6627
www.neaar.org/moar

National Adolescent Health Information Center
Division of Adolescent Medicine, Department of Pediatrics and Institute for Health Policy Studies
School of Medicine, University of California, San Francisco
3333 California Street, Suite 245
San Francisco, CA 94118
415-502-4856
http://youth.ucsf.edu/nahic

National Association for Children of Alcoholics
11426 Rockville Pike, Suite 100
Rockville, MD 20852
888-55-4COAS (888-554-2627) (Toll-Free)
www.nacoa.org

National Association of Addiction Treatment Providers
313 W. Liberty Street, Suite 129
Lancaster, PA 17603-2748
717-392-8480
www.naatp.org

National Association of Social Workers
750 1st Street, NE, Suite 700
Washington, DC 20002-4241
202-408-8600
800-638-8799 (Toll-Free)
www.socialworkers.org

National Center on Addiction and Substance Abuse at Columbia University (CASA)
633 3rd Avenue, 19th Floor
New York, NY 10017
212-841-5200
www.casacolumbia.org

National Council on Alcoholism and Drug Dependence, Inc.
20 Exchange Place, Suite 2902
New York, NY 10005-3201
212-269-7797
800-NCA-CALL (Hope Line) (Toll-Free)
www.ncadd.org

National Indian Health Board
1385 South Colorado Boulevard, Suite A707
Denver, CO 80222
303-759-3075
202-742-4262
www.nihb.org

National Medical Association
1012 10th Street, NW
Washington, DC 20001
202-347-1895
www.nmanet.org

National Mental Health Association
2001 North Beauregard Street, 12th Floor
Alexandria, VA 22311
703-684-7722
800-969-6642 (TTY) (Toll-Free)
www.nmha.org

National TASC (Treatment Alternatives for Safer Communities)
2204 Mount Vernon Avenue, Suite 200
Alexandria,VA 22301
703-836-8272
www.nationaltasc.org

Phoenix House
164 West 74th Street
New York, NY 10023
212-595-5810
www.phoenixhouse.org

Physician Leadership on National Drug Policy
PLNDP National Project Office
Center for Alcohol and Addiction Studies
Brown University
Box G-BH
Providence, RI 02912
401-444-1817
www.plndp.org

The Association for Addiction Professionals
901 N. Washington Street, Suite 600
Alexandria, VA 22314
703-741-7686
800-548-0497 (Toll-Free)
www.naadac.org

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4 Kessler, R.C., Nelson, C.B., and McGonagle, K.A., et al. The epidemiology of co-occurring addictive and mental disorders: Implications for prevention and service utilization. *American Journal of Orthopsychiatry* 66(1), January 1996.

5 *Report to Congress on the Prevention and Treatment of Co-occurring Substance Abuse Disorders and Mental Disorders*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 2002.

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9 ibid.

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12 *A Guide to Substance Abuse Services for Primary Care Physicians*. Treatment Improvement Protocol (TIP) Series 24. DHHS Publication No. (SMA) 97-3139. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, 1997.

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20 *A Guide to Substance Abuse Services for Primary Care Physicians*.

Treatment and Recovery Communities

Millions of Americans struggle every day with drug and alcohol problems—their own or that of a loved one. The lifeline for many of these individuals in need is treatment. Run by qualified, accredited, and dedicated professionals, treatment programs and services that meet rigorous state standards are the backbone of the public health response needed to address this nationwide epidemic.

The unfortunate reality is that the range of treatment and recovery program options is not comprehensive, available, or affordable enough to ensure that everyone who needs effective treatment can get it. In fact, 76 percent of people in need of treatment for a problem with illicit drugs did not seek or receive treatment.[1]

To further compound the problem, about half of people with a lifetime addictive disorder also experience a lifetime history of at least one mental disorder. And, roughly 50 percent of those with a lifetime mental disorder also have a lifetime history of at least one addictive disorder.[2]

In an effort to address such co-occurring disorders, the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) prepared a ***Report to Congress on the Prevention and Treatment of Co-occurring Substance Abuse Disorders and Mental Disorders*** (Co-occurring Report to Congress).[3] In this report SAMHSA outlines the scope of the problem, identifies current treatment approaches and best medical practice models, and seeks to highlight prevention opportunities.

Included in the ***Co-occurring Report to Congress*** is the recommendation that treatment services must be integrated to be effective. Integrated mental health and substance abuse treatment delivered by multi-disciplinary treatment teams can reduce symptoms and improve functioning in the community.[4] Moreover, successful treatment requires the creation of welcoming, empathetic, hopeful, continuous treatment relationships, in which integrated treatment and coordination of care are sustained through multiple treatment episodes.[5]

As a member of the recovery community, you are in a position to extend the benefits of professional treatment for those suffering from addiction and/or co-occurring disorders by implementing some of the following ideas.

"I am a public advocate because a CEO of a very large educational organization withdrew the offer of employment after we talked about my recovery. I'll never forget the moment he said, 'How could you ever begin to think we would want someone like you to represent us?'"

—Susan Rook
Director
Communications and Outreach
Faces and Voices of Recovery

Making a Difference: What Can I Do?

1. **Recognize the Challenges Faced by Those with Co-occurring Disorders.** The stigma of addiction is even greater for individuals who are also suffering from a mental disorder. If you are an individual who is recovering from drug or alcohol addiction and a mental disorder, know that your success story may be the strongest weapon the recovery community has in the fight for services that work to treat the whole person.

2. **Acknowledge the Challenges Faced by Those with Co-existing Disorders.** Like those with co-occurring disorders, the stigma of addiction is even greater for individuals who also suffer from a pre-existing condition, such as mental retardation, learning disorders, HIV/AIDS, spinal or brain injuries, hypertension, heart disease, or diabetes. If you are an individual who is recovering from a substance abuse disorder and have a physical or cognitive disability, know that your success story may help the recovery community in its fight for services that work to treat the whole person.

3. **Consider Your Language.** Language and how we label things have a tremendous influence on how we think, act, and feel. For centuries, people suffering from addiction and mental illness and people recovering in this country from these disorders have been the object of language—often derogatory—created by others. As a result, individuals with substance abuse and mental disorders have inherited a language that does not accurately portray their experience to others or serve as a catalyst for change. Until a new and universally accepted vernacular is established to lessen stigma and keep the focus on the needs of the individual, each of us can make an effort to carefully monitor what we say and how we say it.

4. **Build Partnerships.** Changing public attitudes will require that all affected and interested parties present a united front to educate, inform, and persuade. As a member of the recovering community, you can play a vital role by taking part in the partnership-building effort in your community or city. Work within your local community or city to organize Forums where government agencies and private organizations can collaborate on the issues, while providing a public platform to discuss points of concern. You can work with community-based organizations, foundations, local businesses, or faith-based groups, to name just a few, to organize and contribute to this effort.

Making a Difference: How Can I Focus My Efforts During *Recovery Month*?

This year marks the 14th anniversary of ***Recovery Month***, which is celebrated every year in September. This year's theme is ***"Join the Voices for Recovery: Celebrating Health."*** Beginning in September, you are encouraged to use ***Recovery Month*** as a platform to take action to affect positive change. Here are some action steps you may want to consider to make an impact:

1. **Take Part in Local Events.** A number of communities, counties, cities, and states undertake various activities during ***Recovery Month*** in an effort to draw public and media attention to the issues. Volunteer to assist in organizing or running these events. Offer to be a spokesperson who can put a face on recovery and testify to its positive impact. Use your ties to the

recovery community to enlist the help of others to make the event as diverse and representative of the recovering population in your area as possible.

If you do not know of any particular activities or events taking place in your area during ***Recovery Month*** 2003, call your local treatment program/services provider, county or State alcohol and other drug agency, or legislator to inquire about their knowledge of ***Recovery Month***. If no activities or events have been scheduled, inquire as to why not, and then offer to take part in the effort to develop some.

2. **Write an Op-ed Piece and Submit It to Your Local Newspaper.** Newspapers generally publish a page of opinion columns and letters from readers opposite the editorial page; hence the term "op-ed." This page presents members of the general public with a forum to express their thoughts and opinions on timely issues. Because September is ***Recovery Month***, the timing could not be better for you to submit your thoughts on a critical treatment and/or recovery-related topic.

   You are encouraged to reference the materials provided in the Media Outreach section of this year's ***Recovery Month*** kit. Use the section titled "Sample Op-Ed" as a guide in structuring your piece. Consider topics such as the problems associated with a fragmented treatment system and the need for integration as a means of effectively treating the whole person, the lack of adequate and affordable treatment programs/services to meet demand, and stigma reduction.

3. **Work through the Media.** One of the greatest forums available for influencing public opinion and decision-makers is the media. ***Recovery Month*** provides the perfect opportunity to cultivate a one-on-one interview with the host of your local cable access news or community issues show. Local community radio programs are a great way to share your story. Weekend public affairs programs tend to be very social issues-oriented and are usually open to talking with new guests on interesting topics.

You are encouraged to share your plans and activities for *Recovery Month* 2003 with SAMHSA's Center for Substance Abuse Treatment, your colleagues, and the general public by posting them on the official *Recovery Month* web site at http://www.recoverymonth.gov.

We would like to know about your efforts during *Recovery Month*. Please complete the Customer Satisfaction Form enclosed in the kit. Directions are included on the form.

For any additional *Recovery Month* materials visit our web site at http://www.recoverymonth.gov or call 1-800-729-6686.

Additional Resources

Federal Agencies

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
200 Independence Avenue, SW
Washington, DC 20201
877-696-6775 (Toll-Free)
www.hhs.gov

HHS, Substance Abuse and Mental Health Services Administration (SAMHSA)
5600 Fishers Lane
Parklawn Building, Suite13C-05
Rockville, MD 20857
301-443-8956
www.samhsa.gov

HHS, SAMHSA
National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, MD 20847-2345
800-729-6686 (Toll-Free)
800-487-4889 (TDD) (Toll-Free)
877-767-8432 (Spanish) (Toll-Free)
www.ncadi.samhsa.gov

SAMHSA National Helpline
800-662-HELP (800-662-4357) (Toll-Free)
800-487-4889 (TDD) (Toll-Free)
877-767-8432 (Spanish) (Toll-Free)
(for confidential information on substance abuse treatment and referral)
www.findtreatment.samhsa.gov

HHS, SAMHSA
Center for Substance Abuse Treatment
5600 Fishers Lane
Rockwall II
Rockville, MD 20857
301-443-5052
www.samhsa.gov

HHS, SAMHSA
Center for Mental Health Services
5600 Fishers Lane
Parklawn Building, Room 17-99
Rockville, MD 20857
301-443-2792
www.samhsa.gov

Other Resources

African American Family Services
2616 Nicollet Avenue South
Minneapolis, MN 55408
612-871-7878
www.aafs.net

Al-Anon/Alateen
For Families and Friends of Alcoholics
Al-Anon Family Group Headquarters, Inc.
1600 Corporate Landing Parkway
Virginia Beach, VA 23454-5617
888-4AL-ANON (888-425-2666) (Toll-Free)
www.al-anon.alateen.org

Alcoholics Anonymous
475 Riverside Drive, 11th Floor
New York, NY 10115
212-870-3400
www.aa.org

Campaign for Tobacco-Free Kids
1400 Eye Street, NW, Suite 1200
Washington, DC 20005
202-296-5469
www.tobaccofreekids.org

Children of Alcoholics Foundation
164 West 74th Street
New York, NY 10023
212-595-5810, Ext. 7760
www.coaf.org

Families USA
1334 G Street, NW, 3rd Floor
Washington, DC 20005
202-628-3030
www.familiesusa.org

Mothers Against Drunk Driving
1025 Connecticut Avenue, NW, Suite 1200
Washington, DC 20036
202-974-2497
www.madd.org

National Asian Pacific American Families Against Substance Abuse
340 East 2nd Street, Suite 409
Los Angeles, CA 90012
213-625-5795
www.napafasa.org

National Association for Children of Alcoholics
11426 Rockville Pike, Suite 100
Rockville, MD 20852
888-55-4COAS (888-554-2627) (Toll-Free)
www.nacoa.org

National Families in Action
2957 Clairmont Road, NE, Suite 150
Atlanta, GA 30329
404-248-9676
www.nationalfamilies.org

National Latino Children's Institute
1325 North Flores Street, Suite 114
San Antonio, TX 78212
210-228-9997
www.nlci.org

White Bison, Inc.
6145 Lehman Drive, Suite 200
Colorado Springs, CO 80918
719-548-1000
www.whitebison.org

Young Men's Christian Association of the USA
1701 K Street, NW, Suite 903
Washington, DC 20006
202-835-9043
www.ymca.net

Young Women's Christian Association of the U.S.A.
1015 18th Street, NW, Suite 700
Washington, DC 20036
202-467-0801
www.ywca.org

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Justice and Child Welfare Systems

Justice System

Nearly 1.7 million of the 2 million adult Americans in prison or jail are seriously involved with drugs or alcohol.[1] Unfortunately, offenders are faced not only with the legal consequences of their actions, but also with the often overwhelming stigma associated with their addiction. This stigma contributes to an environment in which society views incarceration as the only solution.

The costs of incarceration are staggering. The National Center on Addiction and Substance Abuse estimates that of the $38 billion spent on corrections in 1996, more than $30 billion was spent incarcerating individuals who had a history of drug and/or alcohol abuse, were convicted of drug and/or alcohol violations, were using drugs and/or alcohol at the time of their crimes, or had committed their crimes to get money to buy drugs.[2]

Most criminal offenders do not receive help for their addiction; therefore relapse is common. Up to three-fourths of parolees who leave prison without drug treatment for their cocaine or heroin addictions resume drug use within three months of release.[3] This is not surprising, given that only about 18 percent of all inmates who need substance abuse treatment actually receive it.[4] However, an abundance of scientific literature has found that effective substance abuse treatment for drug-abusing offenders saves money, reduces crime, and lowers relapse and recidivism rates. Consider the following:

- Substance abuse treatment cuts drug use in half, reduces criminal activity up to 80 percent, and reduces arrests up to 64 percent.[5]
- Several studies show that treatment and aftercare in the community are necessary to keep offenders from recidivating. For example, one study found that three years after release from prison 27 percent of offenders who received in-prison treatment and treatment after prison had recidivated, while 75 percent of offenders in a comparison group had gone back to prison.[6]

Substance abuse is rarely the only problem an offender is facing. Based on the CAGE diagnostic instrument that is used to assess alcohol dependence and abuse, 34 percent of mentally ill State prison inmates, 24 percent of Federal prisoners, 38 percent of jail inmates, and 35 percent of mentally ill probationers have a history of alcohol dependence.[7]

There appears to be wide recognition by drug courts that participants may suffer from mental disorders, including co-occurring substance abuse and

"My last day [using], I worked 12 hours and came home to cops opening the door for me. I was taken to jail. I cried for days and days, [and] admitted that I was an addict. [The judge] said his conscience would not allow him to find me guilty. Today, I work for alcohol and drug services in the jail. I was destined to be there. Today, I give back."

—Shireda Prince
President
Substance Abuse Addiction and Recovery Alliance of Northern Virginia

mental disorders. In fact, 61 percent of drug courts report screening for mental problems.[8] In addition, among jail inmates, those held for drug offenses are the most likely to be HIV positive, and female inmates have higher rates of HIV infection than male inmates.[9] To succeed, a treatment program must include a comprehensive recovery support system to meet the social, physical, and mental health needs of the individual. For example, among juvenile offenders, treatment options that show the best evidence of effectiveness are behavioral therapies, intensive case management, cognitive-behavioral skills training, family-oriented therapies, and multi-systemic therapy.[10]

In an effort to address this important issue, the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) prepared a ***Report to Congress on the Prevention and Treatment of Co-occurring Substance Abuse Disorders and Mental Disorders***. In this report, SAMHSA outlines best medical practices and calls for agencies to collaborate to ensure that individuals with co-occurring disorders receive the treatment that they need. According to the report, failure to treat both disorders almost assures an exacerbation of health problems. If one of the co-occurring disorders goes untreated, both usually get worse and additional complications arise.[11]

Child Welfare System

One of the greatest consequences of untreated substance abuse is the impact on children. Current research indicates that 8.3 million children in the United States, approximately 11 percent, live with at least one parent who is in need of treatment for alcohol or drug dependence.[12] Because the disease of addiction shows no bias, it impacts all social, economic, and racial groups. Not surprisingly, the children most severely affected are those from families without the cushion of financial and emotional resources.[13] These are our country's most vulnerable and at-risk children.

Many children impacted by substance abuse come to the attention of the child welfare system.

Problems with alcohol and drug abuse are estimated to exist in up to 80 percent of the families known to the child welfare system.[14] In most cases, the parents' substance abuse is a long-standing problem of at least five years.[15]

Children whose families do not receive appropriate treatment for alcohol and drug addiction are more likely to remain in foster care longer and to reenter once they have returned home, and their siblings are also more likely to end up in foster care.[16] Moreover, children of alcoholics and drug addicts are more likely to develop substance abuse problems, and have higher rates of emotional, psychiatric, and social functioning difficulties than children from families that do not abuse alcohol and drugs.[17]

In addition, there are increasing rates of children who have incarcerated parents. Estimates suggest that nearly 200,000 children under the age of 18 have an imprisoned mother and more than 1.7 million have an imprisoned father.[18] This is one aspect of addiction that is destroying families.

The presence of other factors such as a co-occurring mental and substance use disorders complicates the recovery from addiction, further jeopardizing the safety of the child and the possibility of being reunified with their family of origin. Today, the multiple, complex problems faced by parents who abuse substances and have co-occurring mental disorders or co-existing conditions, such as physical or cognitive disabilities, are likely to require intervention beyond what the child welfare system can offer. It is essential that caseworkers have access to the services of professionals who are able to evaluate addiction, mental, and other complex problems and then provide appropriate treatment services.[19]

Evidence from various national studies suggests that these families require access to a comprehensive array of services and supports to achieve long-term abstinence. Some of these services include access to housing, transportation, therapy (including family and trauma recovery services), and childcare, to name a few.

One successful and cost-effective innovation in working with families involved in the child welfare system that have alcohol and drug issues is the use of Family Drug Treatment Courts that provide timely and coordinated access to treatment and support services for families. This coordination reduces the trauma that families experience when faced with multiple systems, policies, and competing timelines.

Making a Difference: What Can I Do?

1. **Address Needs of Families of the Addicted.** It is important to recognize that the children, spouses, siblings, and/or parents of the addicted offender are frequently in need of education and support and may require referrals that can help them understand the recovery process and deal successfully with the situation. Family members may need to be directed to social services and counseling professionals to address multiple issues and problems, such as family dynamics and communication in stressful relationships; children's attendance, performance, and behavior in school; or economic needs. For example, the children of drug abusers are a high-risk group and treatment for the parent becomes prevention for the child.

   "Unified family courts" combine all the elements and resources of traditional juvenile and family courts. Within the court, families can access social services, dispute resolution assistance, and counseling. Such systems can better address the needs of children and families, and minimize the reliance on traditional court procedures, often avoiding costly trials and other direct judicial intervention.[20]

2. **Integrate and Utilize All Available Services.** In order to make the most efficient use of limited resources, professionals in the child welfare and criminal justice systems should work closely with substance abuse and mental health treatment providers, funding agencies, counselors, local health officials, social service organizations, state alcohol and drug agencies, and others in the community to share information, workforce resources, and recovery materials. Developing and cultivating partnerships can extend a program's reach, impact, and credibility. Comprehensive drug courts demonstrate this integration of services well, by forging partnerships between public agencies, private groups, and community-based

treatment organizations and by generating local support for enhancement of drug court program effectiveness. Forming such coalitions expands the continuum of services available to drug court participants and informs the community about drug court concepts.[21]

3. **Focus on Prevention, with Emphasis on Youth.** In 1999, about 98,900 juveniles (9 percent of whom were drug offenders) were incarcerated in public or private juvenile facilities for nonstatus offenses.[22] Young people with drug and alcohol problems often experience a variety of accompanying problems, including academic difficulties, a decline in their physical and mental health, ineffective communication and poor relationships with their families and friends, social and economic consequences, and delinquency. Identifying alcohol and drug-using youth in the juvenile justice system is an important first step for intervening in both their substance use and their delinquent behavior.[23] By conducting a comprehensive assessment of a youth when he or she first enters the justice system, criminal justice professionals can help youth receive early intervention and treatment that will help in their efforts to remain free from addiction.

4. **Highlight the Significance of Co-occurring Disorders.** It is important for criminal justice professionals and child welfare caseworkers to become more informed about the significant problem of co-occurring substance abuse and mental disorders and the need for a comprehensive care system to address this issue. Educating yourself and your colleagues about local programs that employ treatment professionals trained extensively in both disorders can help you make appropriate referrals for individuals you serve. Recent research has shown that integrated treatment is superior to sequential or parallel treatment. With integrated treatment, mental health and substance abuse treatments are provided by the same clinician or team of clinicians to ensure that the patient receives a coherent prescription for treatment rather than a contradictory set of messages from different providers.[24]

Making a Difference: How Can I Focus My Efforts During *Recovery Month*?

Recovery Month is observed each year in September to promote the importance and efficacy of substance abuse treatment. This year's theme is ***"Join the Voices for Recovery: Celebrating Health."***

This is a time for all individuals working in the child welfare system and criminal justice system, including judges, attorneys, correctional facility directors, police officers, probation and parole officers, drug court professionals, and representatives of Federal and state justice associations and agencies, to get involved. ***Recovery Month*** is an ideal time to take steps to create awareness that treatment is effective and recovery is possible for those suffering from addiction and their families. Following are some things you can do to contribute to this effort:

1. **Make a Public Statement.** Express your opinion about the importance of substance abuse treatment in the context of the criminal justice or child welfare system by sending an op-ed article, a short written piece that appears opposite the editorial page of a newspaper, to the editor of your local paper. Include relevant statistics, persuasive examples, and/or a compelling story of a local person in recovery to illustrate the effectiveness of treatment programs.

2. **Get the Word Out Through the Web.** Promote your support for ***Recovery Month*** through your organization's web site by posting the ***Recovery Month*** logo on your home page, as well as any relevant criminal justice-related statistics or fact sheet information. Consider linking your site to some of the web sites of national or local criminal justice or treatment organizations listed in the resource section of this kit or in your own community.

3. **Form a Speakers Bureau.** Throughout the month of September, organize a small group of criminal justice professionals to serve as guest speakers at schools, community events, places of worship, businesses, civic group meetings, and other venues to deliver clear messages about the link between drug and alcohol abuse and crime and the need for effective treatment to help combat addiction.

4. **Educate Internally.** Ensure that you and your colleagues know the most current facts about addiction, its relationship to crime, and the benefits of treatment by having a representative from a local treatment provider make a presentation at your office. Becoming more knowledgeable about this issue will help you to more effectively address the needs of those you serve. In fact, a 1999 national drug court treatment survey indicated a need for training and technical assistance among drug court employees to improve engagement and retention of participants. It emphasized the need for skills in motivational counseling to encourage clients to remain in treatment and achieve a drug-free lifestyle, as well as the importance of using approaches that are culturally relevant, gender-specific, and include referrals to wraparound services, such as job preparation, job placement, GED tutoring, childcare, and domestic violence counseling.[25]

5. **Support Community Efforts.** Collaborate with a local substance abuse treatment facility in your community by volunteering time, money, and/or resources to further their program. You may also consider collaborating with a treatment organization on a ***Recovery Month*** press event to raise public awareness about alcohol and drug abuse addiction, treatment, and recovery. For example, reporters could be invited to a press briefing honoring recent drug court graduates or families reunited from the child welfare system (who agree to appear publicly), as well as members of the drug court team and others who have dedicated themselves to helping those in need of treatment.

You are encouraged to share your plans and activities for *Recovery Month* 2003 with SAMHSA's Center for Substance Abuse Treatment, your colleagues, and the general public by posting them on the official *Recovery Month* web site at http://www.recoverymonth.gov.

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www.samhsa.gov

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5600 Fishers Lane
Parklawn Building, Room 17-99
Rockville, MD 20857
301-443-2792
www.samhsa.gov

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
National Institutes of Health (NIH)
9000 Rockville Pike
Bethesda, MD 20892
301-496-4000
www.nih.gov

HHS, NIH
National Institute on Alcohol Abuse and Alcoholism
Willco Building
6000 Executive Boulevard
Bethesda, MD 20892-7003
301-443-3860
www.niaaa.nih.gov

HHS, NIH
National Institute on Drug Abuse
Office of Science Policy and Communication
6001 Executive Boulevard
Room 5213 MSC 9561
Bethesda, MD 20892-9561
301-443-1124
Telefax fact sheets: 888-NIH-NIDA (Voice) (Toll-Free)
or 888-TTY-NIDA (TTY) (Toll-Free)
www.drugabuse.gov

U.S. DEPARTMENT OF JUSTICE (DOJ)
810 7th Street, NW
Washington, DC 20531
202-514-6278
www.usdoj.gov

DOJ, National Institute of Justice
810 7th Street, NW, 7th Floor
Washington, DC 20531
202-307-2942
www.ojp.usdoj.gov/nij

DOJ, Office of Juvenile Justice and Delinquency Prevention
810 7th Street, NW
Washington, DC 20531
202-307-5911
www.ojjdp.ncjrs.org

Other Resources

Al-Anon/Alateen
For Families and Friends of Alcoholics
Al-Anon Family Group Headquarters, Inc.
1600 Corporate Landing Parkway
Virginia Beach, VA 23454-5617
888-4AL-ANON/888-425-2666 (Toll-Free)
www.al-anon.alateen.org

Alcoholics Anonymous
475 Riverside Drive, 11th Floor
New York, NY 10115
212-870-3400
www.aa.org

American Bar Association
Standing Committee on Substance Abuse
740 15th Street, NW
Washington, DC 20005
202-662-1784
www.abanet.org

Association of Black Psychologists
P.O. Box 55999
Washington, DC 20040-5999
202-722-0808
www.abpsi.org

Black Administrators in Child Welfare, Inc.
440 First Street, NW, Third Floor
Washington, DC 20001
202-662-4284
www.blackadministrators.org

Center on Juvenile and Criminal Justice
1622 Folsom Street, 2nd Floor
San Francisco, CA 94103
415-621-5661
www.cjcj.org

Child Welfare League of America
440 1st Street, NW, 3rd Floor
Washington, DC 20001
202-638-2952
www.cwla.org

Federation of Families for Children's Mental Health
1101 King Street, Suite 420
Alexandria, VA 22314
703-684-7710
www.ffcmh.org

Join Together
One Appleton Street, 4th Floor
Boston, MA 02116-5223
617-437-1500
www.jointogether.org

Mothers Against Drunk Driving
1025 Connecticut Avenue, NW, Suite 1200
Washington, DC 20036
202-974-2497
www.madd.org

National Association of Drug Court Professionals
4900 Seminary Road, Suite 320
Alexandria, VA 22311
703-575-9400
www.nadcp.org

National Center on Addiction and Substance Abuse at Columbia University (CASA)
633 3rd Avenue, 19th Floor
New York, NY 10017
212-841-5200
www.casacolumbia.org

National Council of Juvenile and Family Court Judges
University of Nevada
1041 N. Virginia Street, 3rd Floor
Reno, NV 89557
775-784-6012
www.ncjfcj.unr.edu

National Criminal Justice Reference Service
P.O. Box 6000
Rockville, MD 20849-6000
800-851-3420 (Toll-Free)
301-519-5500
www.ncjrs.org

National Indian Child Welfare Association
5100 SW Macadam Avenue, Suite 300
Portland, OR 97239
503-222-4044
www.nicwa.org

National Mental Health Association
2001 North Beauregard Street, 12th Floor
Alexandria, VA 22311
703-684-7722
800-969-6642
www.nmha.org

National TASC (Treatment Accountability for Safer Communities)
2204 Mount Vernon Avenue, Suite 200
Alexandria,VA 22301
703-836-8272
www.nationaltasc.org

Physician Leadership on National Drug Policy
PLNDP National Project Office
Center for Alcohol and Addiction Studies
Brown University
Box G-BH
Providence, RI 02912
401-444-1817
www.plndp.org

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20 *Cutting Crime: Drug Courts in Action*. Washington, DC: Drug Strategies, 1997.

21 *Defining Drug Courts: The Key Components*. Washington, DC: National Association of Drug Court Professionals and Drug Courts. U.S. Department of Justice, Office of Justice Programs, January 1997.

22 *Drug Treatment in the Criminal Justice System*.

23 *Drug Identification and Testing in the Juvenile Justice System*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, May 1998.

24 McBride, D. et al.

25 *Treatment Services in Adult Drug Courts: Report on the 1999 National Drug Court Treatment Survey*.

The proudest voices of recovery belong to the people who live it every day and the people who support them. These inspirational Americans are at the heart of this year's ***National Alcohol and Drug Addiction Recovery Month (Recovery Month)*** theme, ***"Join the Voices for Recovery: Celebrating Health."*** Each day these individuals find strength in the positive way they have reclaimed their lives, and in the positive messages they deliver to others. Read on for their unique stories. Share these experiences with others who are on the road to recovery, and encourage them to share their success stories as well. Your encouragement can empower them to raise their own voices and inspire even more people to celebrate health and recovery.

"I am a grateful recovering alcoholic, and every day I do healthy, positive things so I won't take another drink. My own experience has led me to work to combat the number one public health issue facing our country: chemical addiction. Expanding access to treatment is a matter of life and death for 26 million Americans."

— **Jim Ramstad**, *U.S. House of Representatives, Minnesota's 3rd District*

"I am a public advocate because a CEO of a very large educational organization withdrew the offer of employment after we talked about my recovery. I'll never forget the moment he said, 'How could you ever begin to think we would want someone like you to represent us?'"

— **Susan Rook**, *Director, Communications and Outreach, Faces and Voices of Recovery*

"We've had people with breast cancer and no one would ever suggest to us, while they're going through chemo, 'You should just get rid of them.' To say that about alcoholism or an abuse situation makes no sense to us. We can be a voice in the community and say, 'It's time to step up to the plate and do something.'"

— **Diane Crookham-Johnson**, *Vice President of Administration, Musco Lighting*

"Father Vaughan Quinn, who ran the Sacred Heart Rehabilitation Center in Detroit, and I talked for three hours. The conversation was frank. I put my life on the table. All the loneliness, the depression, the anger, frustration with people and jobs, thoughts of suicide and fears. Quinn listened to all of it without interruption. Finally it was his turn. There was no hesitation. He said it quietly but forcefully: 'The problem in your life is alcohol.' He was right. Father Quinn [then] told me about a group of non-drinking alcoholic friends he wanted me to meet. They were the ones who helped me quit drinking. I couldn't do it on my own."

From "The Courage to Change: Personal Conversations About Alcoholism" by Dennis Wholey

— **Dennis Wholey**, *TV interviewer, Host of "This is America!"*

"I used to be terrified of passing through the beer and wine aisle to get to the milk section of the supermarket. I'm an alcoholic and a drug addict, you see. My addiction also came with a criminal record. I had gone from a comfortable life in New England to a Federal prison in West Virginia for conspiracy to import cocaine. I got out, discovered crack, and continued my downward spiral. Eventually, through the support of friends, family, and others suffering with addiction, I was able to get clean. But I still had this nagging shame. Then, about eight years into my recovery, I decided to produce an autobiographical documentary about my recovery process. It aired in early 2002 on ABC's "Nightline." Addiction is a serious problem that we live with amid temptation every day. But I have found that my management and openness about it is a source of pride. And that takes the fear out of getting milk every week."

— **Peter Nicks**, *Producer/Director*

"I got kicked out of pharmacy school twice due to a full-blown cocaine addiction—the school [called it] 'academic difficulty.' I call it the conspiracy of silence. People don't know where to turn when [addiction] happens. There isn't a lot of discussion about what to do and where to go."

— **David Marley**, *Executive Director of the NC Pharmacists Recovery Network*

"I never felt comfortable in my own skin. I only felt lovable when I excelled at school or sports. By the time I was 12, I was drinking and smoking pot every day. I progressed to cocaine and heroin. By 15, I knew I used differently than others; ashamed, I knew I was an addict. At 29, my sister and my employer intervened. Already demoralized, it wasn't a struggle to get me to an inpatient residential treatment center. My insurance did not cover my treatment. I am grateful that I had loved ones who could. I stayed clean for six years. My relationships with my family, my employer and my past were healed. I made new friends who were living a recovery lifestyle, and I became a vice president of a lobbying firm in Washington, DC. My life was flourishing, except in the area of intimate relationships. After a particularly painful breakup, I relapsed and went back to treatment. I've been clean five years, am happily married, and have helped found a new government relations firm in Washington, DC—one of the few focusing on addiction and recovery issues. I am grateful that I had two shots at treatment and that my relapse gave me the gift of learning to be vigilant about protecting and sustaining my recovery."

— **Carol McDaid,** *Principal, Capitol Decisions*

"When I was 12, I experimented with inhalants for the first time. A year later, I was smoking marijuana on a regular basis. Over the next four years I abused even more serious drugs. I depended on them to make it through the day, but didn't have the power to stop. I feared I would never get clean if I didn't get help from my parents and a residential treatment program. My parents sent me to the Caron Foundation. I went through the four-week primary care program and, luckily, the six-week extended care program. I say 'luckily' because my parents' insurance company only covered my first 19 days. But if I had gone home then, I would've never stayed clean. The Caron Foundation let me stay free for 10 days while my parents gathered money from my family. After treatment, I returned to society and changed my lifestyle. I started hanging out with people who were better for me, and going to places that would not harm my recovery. I will be celebrating five years clean and sober in March 2003, and I owe it all to God and the Caron Foundation. Treatment works and saves lives."

— **Tim Bradley,** *Uturn Director/Founder*

"My last day [using], I worked 12 hours and came home to cops opening the door for me. I was taken to jail. I cried for days and days, [and] admitted that I was an addict. [The judge] said his conscience would not allow him to find me guilty. Today, I work for alcohol and drug services in the jail. I was destined to be there. Today, I give back."

— **Shireda Prince**, *President, Substance Abuse Addiction and Recovery Alliance of Northern Virginia*

"I have been public about my addiction and recovery for almost a year. I'm still amazed by the reaction. Often the response is shock and bewilderment. These reactions result from society's stereotype of alcoholics and addicts, but I am neither a 'drunk on the corner,' nor a social or academic failure. I have dreams for the future."

— **Molly Potter**, *Student*

"My son is five years old. A couple of months ago, some friends were over and I had a [soda] can in my hand. One of my friends said to my son, 'Look, your dad has a beer in his hand.' And my five-year-old said, 'No, my dad doesn't drink. He teaches people not to.' I've had three car crashes and by the grace of God, I never ran into anybody. I got four DUIs in about four years. The end result was a Class D felony that resulted in a five-year prison sentence. The lawyer worked out a deal to get me into treatment in the department of corrections. Now I'm in a master's program in clinical psychology, and things are unbelievable. I can't even tell you how I got here or how this is happening. [I went] from a scared, shamed, beat-down little boy to a flourishing adult, and all because of recovery."

— **Darrell Williams**, *Prevention Specialist*

"I'd been a heroin addict for years. My first days of awakening were walking into a faith-based community organization [Teen Challenge International]. I graduated in 1974. [Since then,] I've walked the excellence that I know is there to be walked. The man I've been now for 29 years is who I am."

— **Henry Lozano**, *White House Advisor on Substance Abuse and Addiction*

"I was 18 years old when I hit bottom. I [was] on the run from [drug dealers], on the run from the police, and on the run to get high. The only person I could turn to was my probation officer. He took me to a treatment center and since that day I've been clean. I was that kid that everybody said wouldn't live to see age 21. I was the kid that society had practically given up on, but the recovery community embraced me. I went back to school, got my bachelor's, my master's, and I'm planning to start a Ph.D. program. The freedom that staying clean has given me [has] allowed me to travel, meet people, and go places. It's just a beautiful feeling. That's enough to keep me on this road of recovery."

— **Andre Johnson**, *Project Officer, Partnership for Drug-Free Detroit*

"I was over 40 years old when I first got out of treatment and had control of my life. I went from riding a city bus and walking the streets to having two vehicles, a camper and a Harley. It is amazing. I have a relationship with my daughter. She hadn't acknowledged that I was her father since she was 11. But we have a real close relationship now. For her to give me a hug, tell me she loves me, and call me 'Dad' means a lot. When I went through treatment, I was an older person. Kids, when they go through it, have to give up people they have grown up with and people they still go to school with. That has got to be extremely hard. But recovery works if you work at it. The main thing is the desire. If you have the desire and the willpower, you can do it. I've been in solid recovery for about four years."

— **Dwight Johnson**, *Truck Driver*

"I got into cocaine and acid by the time I was in high school, and I smoked a quarter ounce of pot a day. I got into a lot of illegal activities. I graduated, got introduced to crystal methamphetamine, [and] within two years was incarcerated. I was in prison for a year-and-a-half, got out, continued with my criminal lifestyle, [and] was again sent to prison, sentenced to serve four years. On Christmas, 1997, a man in his sixties asked me for a cigarette. I realized that if I continued the life I was living, I would end up old, alone and incarcerated for the rest of my life. From that day on, I stayed clean and sober. I got released from prison on September 1, 1999, [and] am now involved in a lot of positive things. My friends and I formed a group called Wai'anae Men in Recovery. We dedicate our time to sharing our experiences with drugs and crimes and the pain and consequences. I am proud that I have friends that care for me. I would not be able to do this alone. It is only through God and the people in my life that I look forward to experiencing the fruits of life."

— **Willie Leong**, *Assistant Chef / Su Chef*

"I am a recovering alcoholic and drug addict. I am also quadriplegic. When I wanted treatment, I called 32 treatment programs. Not one could handle my personal care needs. Through an anonymous recovery program, a great sponsor, and good friends, I'm now in recovery. But I had no help from the county or state. The Americans with Disabilities Act is over 11 years old, but there's virtually no compliance with this law when it comes to treatment. Clearly, people with disabilities need access to high-quality drug and alcohol treatment, just like everyone else."

—**Steven A. Towle**, *Washington Liaison, National Association on Alcohol, Drugs and Disability, Inc.*

"Alcoholism has affected my life in many ways. I grew up with two active alcoholics. I married and divorced an unrecovered ACOA (Adult Child of an Alcoholic). I remarried, this time to a now-recovering alcoholic. I was challenged to focus on recovery, and break the cycle for my children, my grandchildren, and myself. In doing so, I contributed to my dear husband's recovery in a significant way. I have been to private counseling, attended and facilitated ACOA groups, participated in an in-depth 12-step program for ACOAs, and now volunteer as a facilitator for a family member program offered by a local treatment center. My daughters have benefited from this program, and I believe in my heart that due to their knowledge and our now healthy home environment, they will not continue the cycle. I truly believe in the power of recovery programs for all family members—for their own healing and growth, as well as a powerful aid for the recovering addict in their lives."

—**Kathryn Fitzpatrick**, *Information Technology Executive*

"Alcoholism is a painful disease for those who have it, as well as those who love them. As I learned about it through a children's support group program offered by a local treatment center, I discovered it is a disease—but one for which recovery is possible, although it is very tough. It requires all the energy and effort the person has. I have watched how it affected my mom. She had a very tough upbringing with both parents being alcoholics, then marrying an alcoholic. But instead of having a negative outlook, my mom found strength and continued to focus on her recovery from being the child of alcoholics. I look up to no one more than my mom and stepdad. They have been able to provide a healthy and happy environment for our family, and I know I will do the same for my own family in the future."

—**Tahra Luther**, *Student*

"I was using marijuana before I was out of elementary school. By 19, I started getting into heavier drugs like heroin and cocaine. When I was 25, my son came up to me and said, 'You know Dad, I'm almost five years old.' I looked at him and it hit me: I don't even know this boy. It broke my heart, and I thought about committing suicide. My grandma's teachings saved me because I didn't think I'd be going to heaven if I did. That night, I went to a meeting for the first time. That was the start of a rocky recovery. I was still working in the oil fields, which didn't promote my recovery. So I resigned and started working as a janitor and, later, as a night monitor in a treatment center. After awhile I started working with clients. I enjoyed this work and felt I had a lot to offer since I had been there myself. Within a year, I was a substance abuse counselor. But soon after, I relapsed. Fortunately, my boss didn't give up on me. Instead, he said, 'Victor, I don't need you to quit. I need you to straighten up and get back to work.' That is what I did. Since then, I have been sober for over 14 years and have won the 2001 Robert Wood Johnson Community Health Leadership Award. The award was given to me for developing a unique substance abuse treatment program that serves Alaskan Native Families who live in rural Alaskan areas only accessible by plane, boat, or snowmachine. But the best award I've received is my sobriety. For that I need to thank the Lord and the clients I have worked with over the years. The old saying is very true: When you help someone it helps you. I'm not a saint. I just think I'm doing what I'm supposed to be doing. This is my path."

—**Victor Joseph**, *Director, Old Minto Family Recovery Camp Program, Tanana Chiefs Conference*

Sponsoring Agency

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment

Planning Partners

Alcoholism and Substance Abuse Providers of New York State
Alviane NO AD, Inc.
American Association for Marriage and Family Therapy
American Bar Association, Standing Committee on Substance Abuse
American Council on Alcoholism
American Foundation for Addiction Research
American Mental Health Counselors Association
American Society of Addiction Medicine
Association of Persons Affected by Addiction
Californians for Drug-Free Youth, Inc.
Capitol Decisions, Inc.
'Cause Children Count Coalition
Chicanos Por La Causa, Inc.
Child Welfare League of America
Children's Defense Fund
Community Anti-Drug Coalitions of America
Connecticut Community for Addiction Recovery
Danya International, Inc.
Drug Enforcement Administration
Employee Health Programs
Faces and Voices of Recovery
George Bloom and Associates, Inc.
Hazelden Foundation
Health Matrix, Inc.
Johnson Institute
Join Together
Kniseley International Associates
Legal Action Center
Massachusetts Organization for Addiction Recovery
Miami Coalition for a Safe and Drug-Free Community
Mount Saint John Home & School for Boys
National Asian Pacific American Families Against Substance Abuse

National Association for Children of Alcoholics
National Association for Native American Children of Alcoholics
National Association of Addiction Treatment Providers
National Association of Drug Court Professionals
National Association of Social Workers
National Association of State Alcohol and Drug Abuse Directors
National Association on Alcohol, Drugs and Disability, Inc.
National Center on Addiction and Substance Abuse at Columbia University (CASA)
National Conference of State Legislators
National Council on Alcoholism and Drug Dependence, Inc.
National Institute on Alcohol Abuse and Alcoholism
National Institute on Drug Abuse
National Latino Council on Alcohol and Tobacco Prevention
National Mental Health Association
National TASC (Treatment Alternatives for Safer Communities)
North American Family Renewal Institute
Partnership for a Drug-Free America
Phoenix House
Physician Leadership on National Drug Policy
Pima Prevention Partnership
Prudential Financial
Substance Abuse and Mental Health Services Administration, Center for Mental Health Services
Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention
Substance Abuse and Mental Health Services Administration, National Clearinghouse for Alcohol and Drug Information
Therapeutic Communities of America
U.S. Chamber of Commerce
U.S. Department of Defense
U.S. Department of Labor, Working Partners for an Alcohol- and Drug-Free Workplace
Vanguard Foundation
White and Baldacci
White Bison, Inc.
White House Office of National Drug Control Policy

Federal Resources

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
200 Independence Avenue, SW
Washington, DC 20201
877-696-6775 (Toll-Free)
www.hhs.gov

HHS, Substance Abuse and Mental Health Services Administration (SAMHSA)
5600 Fishers Lane
Parklawn Building, Suite13C-05
Rockville, MD 20857
301-443-8956
www.samhsa.gov

SAMHSA National Helpline
800-662-HELP (800-662-4357) (Toll-Free)
800-487-4889 (TDD) (Toll-Free)
877-767-8432 (Spanish) (Toll-Free)
(for confidential information on substance abuse treatment and referral)
www.findtreatment.samhsa.gov

HHS, SAMHSA
National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, MD 20847-2345
800-729-6686 (Toll-Free)
800-487-4889 (TDD) (Toll-Free)
877-767-8432 (Spanish) (Toll-Free)
www.ncadi.samhsa.gov

HHS, SAMHSA
Center for Substance Abuse Treatment
5600 Fishers Lane
Rockwall II
Rockville, MD 20857
301-443-5052
www.samhsa.gov

HHS, SAMHSA
Center for Mental Health Services
5600 Fishers Lane
Parklawn Building, Room 17-99
Rockville, MD 20857
301-443-2792
www.samhsa.gov

HHS, SAMHSA
Center for Substance Abuse Prevention
5600 Fishers Lane
Rockwall II, Suite 900
Rockville, MD 20857
301-443-0365
www.samhsa.gov

HHS, SAMHSA
Center for Substance Abuse Prevention's (CSAP)
Workplace Helpline
800-WORKPLACE (800-967-5752) (Toll-Free)
www.drugfreeworkplace.gov

HHS, SAMHSA
National Mental Health Information Center
P.O. Box 42490
Washington, DC 20015
800-789-2647 (Toll-Free)
www.mentalhealth.samhsa.gov

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
Centers for Disease Control and Prevention (CDC)
National Prevention Information Network
P.O. Box 6003
Rockville, MD 20849-6003
800-458-5231 (Toll-Free)
www.cdcnpin.org

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
Office of Minority Health Resource Center
P.O. Box 37337
Washington, DC 20013-7337
800-444-6472 (Toll-Free)
301-230-7199 (TDD)
www.omhrc.gov

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
Indian Health Service
The Reyes Building
801 Thompson Avenue, Suite 400
Rockville, MD 20852-1627
301-443-2038
www.ihs.gov

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
National Institutes of Health (NIH)
9000 Rockville Pike
Bethesda, MD 20892
301-496-4000
www.nih.gov

HHS, NIH
National Institute on Alcohol Abuse and Alcoholism
Willco Building
6000 Executive Boulevard
Bethesda, MD 20892-7003
301-496-4000
www.niaaa.nih.gov

HHS, NIH
National Institute on Drug Abuse
Office of Science Policy and Communication
6001 Executive Boulevard
Room 5213 MSC 9561
Bethesda, MD 20892-9561
301-443-1124
Telefax fact sheets: 888-NIH-NIDA (Voice) (Toll-Free)
or 888-TTY-NIDA (TTY) (Toll-Free)
www.drugabuse.gov

EXECUTIVE OFFICE OF THE PRESIDENT
White House Office of National Drug Control Policy
P.O. Box 6000
Rockville, MD 20849-6000
800-666-3332 (Toll-Free)
www.whitehousedrugpolicy.gov

U.S. DEPARTMENT OF DEFENSE (DOD)
5111 Leesburg Pike
Skyline 5, Suite 810
Falls Church, VA 22041
703-681-0064
www.defenselink.mil

DOD, Office of Assistant Secretary of Defense for Public Affairs
1400 Defense, Pentagon, Room 2E-800
Washington, DC 20301-1400
703-428-0711
www.defenselink.mil

U.S. DEPARTMENT OF EDUCATION (ED)
400 Maryland Avenue, SW
Washington, DC 20202-6123
800-872-5327 (Toll-Free)
www.ed.gov

ED, Safe and Drug-Free Schools
400 Maryland Avenue, SW
Washington, DC 20202-6123
202-260-3954
www.ed.gov/offices/OESE/SDFS

U.S. DEPARTMENT OF INTERIOR (DOI)
1849 C Street, NW
Washington, DC 20240
202-208-3100
www.doi.gov

DOI, Office of Alcohol and Substance Abuse Prevention
Office of the Secretary – Indian Affairs
1849 C Street, NW
MS-MIB 2554
Washington, DC 20240-4000
202-219-9737

U.S. DEPARTMENT OF JUSTICE (DOJ)
950 Pennsylvania Avenue, NW
Washington, DC 20530-0001
202-353-1555
www.usdoj.gov

DOJ, Bureau of Justice Assistance Clearinghouse (reference and referral services for criminal justice professionals)
800-688-4252 (Toll-Free)

DOJ, Bureau of Justice Statistics Clearinghouse (crime and justice data)
800-732-3277 (Toll-Free)

DOJ, Drug Enforcement Administration
700 Army Navy Drive
Arlington, VA 22202
202-307-7936 (Office of Demand Reduction)
www.dea.gov

DOJ, National Criminal Justice Reference Service
P.O. Box 6000
Rockville, MD 20849-6000
800-851-3420 (Toll-Free)
301-519-5500
www.ncjrs.org

DOJ, National Institute of Justice
810 7th Street, NW, 7th Floor
Washington, DC 20531
202-307-2942
www.ojp.usdoj.gov/nij

DOJ, Office of Juvenile Justice and Delinquency Prevention
810 7th Street, NW
Washington, DC 20531
202-307-5911
www.ojjdp.ncjrs.org

U.S. DEPARTMENT OF LABOR (DOL)
200 Constitution Avenue, NW
Washington, DC 20210
866-4-USA-DOL (Toll-Free)
www.dol.gov

DOL, Working Partners for an Alcohol- and Drug-Free Workplace
200 Constitution Avenue, NW, Room S-2312
Washington, DC 20210
202-693-5959
www.dol.gov/dol/workingpartners.htm
www.dol.gov/asp/programs/drugs/party/party.htm

Other Resources

4-H
1400 Independence Avenue, SW
STOP 2225
Washington, DC 20250-2225
202-720-2908
www.4-h.org

African American Family Services
2616 Nicollet Avenue South
Minneapolis, MN 55408
612-871-7878
www.aafs.net

Al-Anon/Alateen
For Families and Friends of Alcoholics
Al-Anon Family Group Headquarters, Inc.
1600 Corporate Landing Parkway
Virginia Beach, VA 23454-5617
888-4AL-ANON (888-425-2666) (Toll-Free)
www.al-anon.alateen.org

Alcohol and Drug Services
3900 Jermantown Road, Suite 200
Fairfax, VA 22030
703-934-5477
www.fairfaxcounty.gov

Alcoholics Anonymous
475 Riverside Drive, 11th Floor
New York, NY 10115
212-870-3400
www.aa.org

Alcoholism and Substance Abuse
Providers of New York State
1 Columbia Place
Albany, NY 12207
518-426-3122
www.asapnys.org

Aliviane NO-AD, Inc.
7722 North Loop Road
El Paso, TX 79915
915-782-4000

Alliance for Recovery
P.O. Box 31451
Seattle, WA 98103
206-783-8850

American Academy of Addiction Psychiatry
7301 Mission Road, Suite 252
Prairie Village, KS 66208
913-262-6161
www.aaap.org

American Academy of Child
and Adolescent Psychiatry
3615 Wisconsin Avenue, NW
Washington, DC 20016-3007
202-966-7300
www.aacap.org

American Academy of Pediatrics
141 Northwest Point Boulevard
Elk Grove Village, IL 60007-1098
847-434-4000
www.aap.org

American Association for Marriage and
Family Therapy
112 South Alfred Street
Alexandria, VA 22314-3061
703-838-9808
www.aamft.org

American Bar Association
750 North Lake Shore Drive
Chicago, IL 60611
800-285-2221 (Toll-Free)
www.abanet.org

American Bar Association –
Standing Committee on Substance Abuse
740 15th Street, NW
Washington, DC 20005
202-662-1784

American Correctional Association
4380 Forbes Boulevard
Lanham, MD 20706-4332
301-918-1800
www.aca.org

American Council on Alcohol Problems
2376 Lakeside Drive
Birmingham, AL 35244
205-985-8177

American Foundation for Addiction Research
PMB 360
7821 East Gray Road
Scottsdale, AZ 85260
866-600-2327 (Toll-Free)
www.addictionresearch.com

American Indian Community House
708 Broadway, 8th Floor
New York, NY 10003
212-598-0100
www.aich.org

American Managed Behavioral Healthcare Association
1101 Pennsylvania Avenue, NW, 6th Floor
Washington, DC 20004
202-756-7726
www.ambha.org

American Medical Association
Office of Alcohol and Other Drug Abuse
515 North State Street
Chicago, IL 60610
312-464-5000
www.ama-assn.org

American Medical Women's Association
801 North Fairfax Street, Suite 400
Alexandria, VA 22314
703-838-0500
www.amwa-doc.org

American Mental Health Counselors Association
801 North Fairfax Street, Suite 304
Alexandria, VA 22314
703-548-6002
www.amhca.org

American Psychiatric Association
1000 Wilson Boulevard, Suite 1825
Arlington, Virginia 22209-3901
888-357-7924 (Toll-Free)
www.psych.org

American Psychological Association
Office of Substance Abuse
750 First Street, NE
Washington, DC 20002-4242
800-374-2721 (Toll-Free)
202-336-6123 (TDD/TTY)
www.apa.org

American Public Health Association
800 I Street, NW
Washington, DC 20001
202-777-2742 (APHA)
202-777-2500 (TTY)
www.apha.org

American Society of Addiction Medicine
4601 North Park Avenue
Upper Arcade, Suite 101
Chevy Chase, MD 20815-4520
301-656-3920
www.asam.org

Asian and Pacific Islander American Health Forum
1001 Connecticut Avenue, NW, Suite 835
Washington, DC 20036
202-466-7772
www.apiahf.org

ASPIRA Association, Inc.
1444 I Street, NW, Suite 800
Washington, DC 20005
202-835-3600
www.aspira.org

Association of Black Psychologists
P.O. Box 55999
Washington, DC 20040-5999
202-722-0808
www.abpsi.org

Association of Halfway House Alcoholism Programs of North America
860 N. Center Street
Mesa, Arizona 85201
480-610-8300
800-861-0599 (Toll Free)
www.ahhap.org

Association of Persons Affected by Addiction
P.O. Box 191186
Dallas, TX 75219-1186
214-522-1744

Association of State and Territorial Health Officials
1275 K Street, NW, Suite 800
Washington, DC 20005
202-371-9090
www.astho.org

Betty Ford Center
39000 Bob Hope Drive
Rancho Mirage, CA 92270
760-773-4100
800-854-9211 (Toll-Free)
www.bettyfordcenter.org

Big Brothers/Big Sisters of America
230 North 13th Street
Philadelphia, PA 19107
215-567-7000
www.bbbsa.org

Boy Scouts of America
National Office
1325 W. Walnut Hill Lane
Irving, TX 75015
972-580-2000
www.scouting.org

Boys & Girls Clubs of America
1230 West Peachtree Street, NW
Atlanta, GA 30309
404-487-5700
www.bgca.org

Californians for Drug-Free Youth, Inc.
P.O. Box 620
Forest Falls, CA 92339
916-343-1999
www.cadfy.org

Campaign for Tobacco-Free Kids
1400 Eye Street, NW, Suite 1200
Washington, DC 20005
202-296-5469
www.tobaccofreekids.org

Capitol Decisions, Inc.
101 Constitution Avenue, NW, Suite 675 East
Washington, DC 20001
202-638-0326

Caron Foundation
P.O. Box 0150
Wernersville, PA 19565-0150
800-678-2332 (Toll Free)
www.caron.org

Catholic Charities, USA
1731 King Street, Suite 200
Alexandria, VA 22314
703-549-1390
www.catholiccharitiesusa.org

'Cause Children Count Coalition
9315 Largo Drive West, Suite 260
Largo, MD 20774
301-808-2200

Center for Science in the Public Interest
1875 Connecticut Avenue, NW
Suite 300
Washington, DC 20009
202-332-9110

Center on Juvenile and Criminal Justice
1622 Folsom Street, 2nd Floor
San Francisco, CA 94103
415-621-5661
www.cjcj.org

Chicanos Por La Causa, Inc.
1046 East Buckeye Road
Phoenix, AZ 85034-4043
602-254-4827
www.cplc.org

Child Welfare League of America
440 First Street, NW, 3rd Floor
Washington, DC 20001
202-638-2952
www.cwla.org

Children of Alcoholics Foundation
164 West 74th Street
New York, NY 10023
212-595-5810
www.coaf.org

Children's Defense Fund
25 E Street, NW
Washington, DC 20001
202-628-8787
www.childrensdefense.org

Church of Jesus Christ of Latter-Day Saints
2520 L Street, NW, 2nd Floor
Washington, DC 20037
202-448-3333
www.lds.org

Community Anti-Drug Coalitions of America
901 North Pitt Street, Suite 300
Alexandria, VA 22314
800-54-CADCA (800-542-2322) (Toll-Free)
www.cadca.org

Community Intervention
529 South 7th Street, Suite 570
Minneapolis, MN 55415
612-332-6537
800-328-0417 (Toll-Free)
www.communityintervention.org

Congress of National Black Churches, Inc.
National Anti-Drug Campaign
2000 L Street, NW, Suite 225
Washington, DC 20036-4962
202-296-5657
www.cnbc.org

Connecticut Clearinghouse
334 Farmington Avenue
Plainville, CT 06062
800-232-4424
www.ctclearinghouse.org

Connecticut Community for Addiction Recovery
530 Silas Deane Highway
Wethersfield, CT 06109
860-571-2985
www.ccar-recovery.org

Danya International, Inc.
8737 Colesville Road, Suite 1200
Silver Spring, MD 20910
301-565-2142
www.danya.com

Drug Strategies
1150 Connecticut Avenue, NW, Suite 800
Washington, DC 20036
202-289-9070
www.drugstrategies.org

Employee Assistance Professionals Association
2101 Wilson Boulevard, Suite 500
Arlington, VA 22201-3062
703-387-1000
www.eapassn.org

Employee Assistance Society of North America
230 East Ohio Street, Suite 400
Chicago, IL 60611-3265
312-644-0828
www.easna.org

Employee Health Programs
P.O. Box 2430
Bethesda, MD 20827
301-571-0067

Faces and Voices of Recovery
901 N. Washington Street, Suite 601
Alexandria, VA 22314
703-299-6760

Fairview Recovery Services
2450 Riverside Avenue South
Minneapolis, MN 55454
612-672-2222
800-233-7503 (Toll-Free)
www.frsinc.org

Families USA
1334 G Street, NW, 3rd Floor
Washington, DC 20005
202-628-3030
www.familiesusa.org

General Board of Global Ministries
of the United Methodist Church
Program on Substance Abuse
110 Maryland Avenue, NE, Suite 404
Washington, DC 20002
202-548-2712
www.gbgm-umc.org

Girl Scouts of the USA
Just for Girls
420 5th Avenue, 15th Floor
New York, NY 10018-2798
800-GSUSA4U (800-478-7248) (Toll-Free)
www.girlscouts.org

Hands Across Cultures
P.O. Box 2215
Espanola, NM 87532
505-747-1889
www.hacc95.org

Harvard Medical School – Division on Addictions
350 Longwood Avenue, Suite 200
Boston, MA 02115
617-432-0058
www.hms.harvard.edu/doa

Hazelden Foundation
P.O. Box 11
Center City, MN 55012
800-257-7810 (Toll-Free)
www.hazelden.com

Health Matrix, Inc.
7918 Jones Branch Drive, Suite 600
McLean, VA 22102
703-918-4930

Institute for a Drug-Free Workplace
1225 I Street, NW, Suite 1000
Washington, DC 20005
202-842-7400
www.drugfreeworkplace.org

Institute for the Advancement
of Human Behavior
4370 Alpine Road, Suite 209
Portola Valley, CA 94028
800-258-8411 (Toll-Free)
www.iahb.org

International Community Corrections Association
P.O. Box 1987
La Crosse, WI 54062
608-785-0200

International Nurses Society on Addictions
P.O. Box 10752
Raleigh, NC 27605
919-821-1292
www.intnsa.org

Jewish Alcoholics, Chemically Dependent
Persons and Significant Others
850 7th Avenue, Penthouse
New York, NY 10019
212-397-4197
www.jacsweb.org

Johnson Institute
DC Office: 1273 National Press Building
529 14th Street, NW
Washington, DC 20045
202-662-7104
MN Office: 10001 Wayzata Boulevard
Minnetonka, MN 55305
952-582-2713
www.johnsoninstitute.org

Join Together
One Appleton Street, 4th Floor
Boston, MA 02116-5223
617-437-1500
www.jointogether.org

Junior Achievement
One Education Way
Colorado Springs, CO 80906
719-540-8000
800-843-6395 (Toll-Free)
www.ja.org

Kniseley International Associates
3314 B South Wakefield Street
Arlington, VA 22206
703-931-2356

Kappa Alpha Psi Fraternity, Inc.
2322-24 North Broad Street
Philadelphia, PA 19132
215-228-7184
www.kappaalphapsi.com

Latin American Youth Center
1419 Columbia Road, NW
Washington, DC 20009
202-319-2225
www.layc-dc.org

Latino Council on Alcohol and Tobacco
1875 Connecticut Avenue, NW, Suite 732
Washington, DC 20009
202-265-8054
www.nlcatp.org

Legal Action Center
236 Massachusetts Avenue, NE, Suite 505
Washington, DC 20002
202-544-5478
www.lac.org

Massachusetts Organization for Addiction Recovery (Affiliate of NEAAR-CSAT RCSP Grantee)
c/o Boston ASAP
30 Winter Street, 3rd Floor
Boston, MA 02108
617-423-6627
www.neaar.org/moar

Mayo Clinic, Addiction Psychiatry
200 First Street, SW
Rochester, MN 55905
507-284-2511
www.mayoclinic.org

McGovern Family Foundation – Brighton Hospital
12851 East Grand River
Brighton, MI 48116
810-225-2570
800-523-8198 (Toll-Free)

Miami Coalition for a Safe and Drug-Free Community
University of Miami/North South Center
1500 Monza Avenue
Coral Gables, FL 33146-3027
305-284-6848
www.miamicoalition.org

Mothers Against Drunk Driving
1025 Connecticut Avenue, NW, Suite 1200
Washington, DC 20036
202-974-2497
www.madd.org

Mount Saint John Home & School for Boys
135 Kirtland
Deep River, CT 06417
860-526-5391
www.mtstjohn.org

Narcotics Anonymous
P.O. Box 9999
Van Nuys, California 91409
818-773-9999
www.na.org

National Alliance for Hispanic Health
1501 16th Street, NW
Washington, DC 20036
202-387-5000
www.hispanichealth.org

National Asian Pacific American Families
Against Substance Abuse, Inc.
340 East 2nd Street, Suite 409
Los Angeles, CA 90012
213-625-5795
www.napafasa.org

National Association for Children of Alcoholics
11426 Rockville Pike, Suite 100
Rockville, MD 20852
888-55-4COAS (888-554-2627) (Toll-Free)
www.nacoa.org

National Association for Equal Opportunity
in Higher Education
8701 Georgia Avenue, Suite 200
Silver Spring, MD 20910
301-650-2440
www.nafeo.org

National Association of Addiction
Treatment Providers
313 W. Liberty Street, Suite 129
Lancaster, PA 17603-2748
717-392-8480

National Association of African Americans
for Positive Imagery
1231 North Broad Street, First Floor
Philadelphia, PA 19122
215-235-6488
www.naaapi.org

National Association of Alcoholism
and Drug Abuse Counselors
901 N. Washington Street, Suite 600
Alexandria, VA 22314
800-548-0497 (Toll-Free)
www.naadac.org

National Association of Attorneys General
750 First Street, NE, Suite 1100
Washington, DC 20002
202-326-6000
www.naag.org

National Association of Black Social Workers
1220 12th Street, NW, Suite 2
Washington, DC 20001
202-589-1850
www.nabsw.org

National Association of Community
Health Centers
7200 Wisconsin Avenue, Suite 210
Bethesda, MD 20814
301-347-0400
www.nachc.com

National Association of Counties
440 First Street, NW, 8th Floor
Washington, DC 20001
202-393-6226

National Association of Drug Court Professionals
4900 Seminary Road, Suite 320
Alexandria, VA 22311
703-575-9400
www.nadcp.org

National Association of Rural Health Clinics
426 C Street, NE
Washington, DC 20002
202-543-0348
www.narhc.org

National Association of School Psychologists
4340 East West Highway, Suite 402
Bethesda, MD 20814
301-657-0270
www.nasponline.org

National Association of Social Workers
750 1st Street, NE, Suite 700
Washington, DC 20002-4241
202-408-8600
800-638-8799 (Toll-Free)
www.socialworkers.org

National Association of State Alcohol and Drug Abuse Directors
808 17th Street, NW, Suite 410
Washington, DC 20006
202-293-0090
www.nasadad.org

National Association on Alcohol, Drugs and Disability
2165 Bunker Hill Drive
San Mateo, CA 94402-3801
650-578-8047
www.naadd.org

National Black Alcoholism and Addiction Council
5104 North Orange Blossom Trail, Suite 207
Orlando, FL 32810
407-532-2774
888-NBACORG (Toll-Free)

National Capital Coalition to Prevent Underage Drinking
1875 Connecticut Avenue, NW, Suite 732
Washington, DC 20009
202-265-8922
www.nlcatp.org

National Center on Addiction and Substance Abuse at Columbia University (CASA)
633 3rd Avenue, 19th Floor
New York, NY 10017
212-841-5200
www.casacolumbia.org

National Coalition of 100 Black Women
38 West 32nd Street, Suite 1610
New York, NY 10001
212-947-2196
www.ncbw.org

National Committee for Quality Assurance
2000 L Street, NW, Suite 500
Washington, DC 20036
202-955-3500
www.ncqa.org

National Conference of State Legislatures
444 North Capitol Street, NW, Suite 515
Washington, DC 20001
202-624-5400
www.ncsl.org

National Congress of American Indians
1301 Connecticut Avenue, NW, Suite 200
Washington, DC 20036
202-466-7767
www.ncai.org

National Council for Community Behavioral Healthcare
12300 Twinbrook Parkway, Suite 320
Rockville, MD 20852
301-984-6200
www.nccbh.org

National Council of Juvenile and Family Court Judges
University of Nevada
1041 N. Virginia Street, 3rd Floor
Reno, NV 89557
775-784-6012
www.ncjfcj.unr.edu

National Council of La Raza – Center for Health Promotion
1111 19th Street, NW, Suite 1000
Washington, DC 20036
202-785-1670
www.nclr.org

National Council of Negro Women, Inc.
777 United Nations Plaza
New York, NY 10017
212-687-5870
www.ncnw.org

National Council on Alcoholism and Drug Dependence, Inc.
20 Exchange Place, Suite 2902
New York, NY 10005-3201
212-269-7797
800-NCA-CALL (Hope Line) (Toll-Free)
www.ncadd.org

National Families in Action
2957 Clairmont Road, NE, Suite 150
Atlanta, GA 30329
404-248-9676
www.nationalfamilies.org

National Health Law Program
Health Consumer Alliance
2639 South LaCienega Boulevard
Los Angeles, CA 90034
310-204-6010
www.healthlaw.org

National Hispanic Medical Association
1411 K Street, NW, Suite 200
Washington, DC 20005
202-628-5895
www.nhmamd.org

National Indian Health Board
1385 South Colorado Boulevard
Suite A707
Denver, CO 80222
303-759-3075
www.nihb.org

National Latino Children's Institute
1325 North Flores Street, Suite 114
San Antonio, TX 78212
210-228-9997
www.nlci.org

National Latino Council on Alcohol and Tobacco Prevention
1875 Connecticut Avenue, NW, Suite 732
Washington, DC 20009
202-265-8054
www.nlcatp.org

National Medical Association
1012 10th Street, NW
Washington, DC 20001
202-347-1895
www.nmanet.org

National Mental Health Association
2001 North Beauregard Street, 12th Floor
Alexandria, VA 22311
703-684-7722
800-969-6642 (TTY) (Toll-Free)
www.nmha.org

National Minority AIDS Council
1931 13th Street, NW
Washington, DC 20009-4432
202-483-6622
www.nmac.org

National Organization on Fetal Alcohol Syndrome
216 G Street, NE
Washington, DC 20002
202-785-4585
www.nofas.org

National PTA Drug and Alcohol Abuse Prevention Project
330 North Wabash Avenue, Suite 2100
Chicago, IL 60611-3690
800-307-4782 (Toll-Free)
www.pta.org

National Sheriffs' Association
1450 Duke Street
Alexandria, VA 22314-3490
800-424-7827 (Toll-Free)
www.sheriffs.org

National TASC (Treatment Accountability for Safer Communities)
2204 Mount Vernon Avenue, Suite 200
Alexandria,VA 22301
703-836-8272
www.nationaltasc.org

North American Family Renewal Institute
11 Canal Center Plaza, Suite 110
Alexandria, VA 22314
703-739-2546

Organization of Chinese Americans
1001 Connecticut Avenue, NW, Suite 601
Washington, DC 20036
202-223-5500
www.ocanatl.org

Partnership for a Drug-Free America
405 Lexington Avenue, Suite 1601
New York, NY 10174
212-922-1560
www.drugfreeamerica.org

Phoenix House
164 West 74th Street
New York, NY 10023
212-595-5810
www.phoenixhouse.org

Physician Leadership on National Drug Policy
PLNDP National Project Office
Center for Alcohol and Addiction Studies
Brown University
Box G-BH
Providence, RI 02912
401-444-1817
www.plndp.org

Pima Prevention Partnership
330 North Commerce Park Loop, Suite 160
Tucson, Arizona 85745
520-791-2711
www.pimaprevention.org

Prudential Financial
213 Washington Street
Newark, NJ 07102
973-802-6958

Public Relations Society of America
33 Irving Place, 3rd Floor
New York, NY 10003
212-995-2230
www.prsa.org

Puerto Rican Organization for Community
Education and Economic Development, Inc.
1126 Dickinson Street
Elizabeth, NJ 07201
908-351-7727
www.proceedinc.com

Ridgeview Institute
3995 South Cobb Drive
Smyrna, GA 30080
800-329-9775 (Toll-Free)
www.ridgeviewinstitute.com

Rimrock Foundation
1231 North 29th Street
Billings, MT 59101
406-248-3175
www.rimrock.org

Sigma Gamma Rho Sorority, Inc.
8800 South Stony Island Avenue
Chicago, IL 60617-2809
773-873-9000
www.sgrho1922.org

Society for Adolescent Medicine
1916 NW Copper Oaks Circle
Blue Springs, MO 64015
816-224-8010
www.adolescenthealth.org

The Association for Addiction Professionals
901 N. Washington Street, Suite 600
Alexandria, VA 22314
703-741-7686
800-548-0497 (Toll-Free)
www.naadac.org

The National GAINS Center
(for People with Co-Occurring Disorders in the Justice System)
Policy Research Associates, Inc.
345 Delaware Avenue
Delmar, NY 12054
800-311-4246 (Toll-Free)
www.gainsctr.com

Therapeutic Communities of America
1601 Connecticut Avenue, NW, Suite 803
Washington, DC 20009
202-296-3503
www.tcanet.org

The Urban Institute
2100 M Street, NW, 5th Floor
Washington, DC 20037
202-833-7200
www.urban.org

The Village South
3180 Biscayne Boulevard
Miami, FL 33137
305-573-3784
800-443-3784 (Toll-Free)
www.villagesouth.com

United National Indian Tribal Youth, Inc.
P.O. Box 800
Oklahoma City, OK 73101
405-236-2800
www.unityinc.org

U.S. Chamber of Commerce
1615 H Street, NW
Washington, DC 20062-2000
202-659-6000
www.uschamber.com

U.S. Conference of Mayors
1620 I Street, NW, Suite 400
Washington, DC 20006
202-293-7330
www.usmayors.org

U.S. Small Business Administration
Washington District Office
1110 Vermont Avenue, NW, 9th Floor
Washington, DC 20005
202-606-4000
www.sba.gov

Vanguard Services Unlimited
521 N. Quincy Street
Arlington, VA 22203
703-841-0703
www.vanguardservices.org

Vera Institute of Justice – La Bodega de la Familia
272 East 3rd Street
New York, NY 10009
212-982-2335

Veritas Villa, Inc.
P.O. Box 610
5 Ridgeview Road
Kerhonkson, NY 12446-0610
845-626-3555
www.veritasvilla.com

Western Psychiatric Institute and Clinic
3811 O'Hara Street
Pittsburgh, PA 15213
412-624-2100
www.upmc.edu/WPIC

White Bison, Inc.
6145 Lehman Drive, Suite 200
Colorado Springs, CO 80918
719-548-1000
www.whitebison.org

Young Men's Christian Association of the USA
1701 K Street, NW, Suite 903
Washington, DC 20006
202-835-9043
www.ymca.net

Young Women's Christian Association of the U.S.A.
1015 18th Street, NW, Suite 700
Washington, DC 20036
202-467-0801
800-YWCA-US1
www.ywca.org

***Internet addresses are subject to change.

Federal Web Sites

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) **www.hhs.gov**
HHS is the principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves.

HHS, Substance Abuse and Mental Health Services Administration (SAMHSA) **www.samhsa.gov**
SAMHSA ensures that quality substance abuse and mental health services are available to the people who need them and that prevention and treatment knowledge is used more effectively in the general health care system. This site also provides access to the home pages of the Center for Substance Abuse Treatment, Center for Substance Abuse Prevention, and Center for Mental Health Services.

HHS, SAMSHA, National Clearinghouse for Alcohol and Drug Information's PREVline **www.ncadi.samhsa.gov**
This electronic communication system, a service of the Substance Abuse and Mental Health Services Administration, is dedicated to exchanging ideas and information concerning alcohol, tobacco, and illicit drug problem prevention.

HHS, Indian Health Service (IHS) **www.ihs.gov**
The IHS is an agency of the Public Health Service providing health services to American Indians and Alaska Natives.

HHS, National Institutes of Health (NIH) **www.nih.gov**
NIH is one of the foremost biomedical research centers and the Federal focal point for biomedical research in the United States.

HHS, NIH, National Institute of Mental Health (NIMH) **www.nimh.nih.gov**
Conducts and supports research nationwide on mental illness and mental health, including studies of the brain, behavior, and mental health services.

HHS, NIH, National Institute on Alcohol Abuse and Alcoholism (NIAAA) **www.niaaa.nih.gov**
NIAAA supports and conducts biomedical research on the causes, consequences, treatment, and prevention of alcoholism and alcohol-related problems.

HHS, NIH, National Institute on Drug Abuse (NIDA) **www.nida.nih.gov**
NIDA brings the power of science to bear on drug abuse and addiction.

HHS, NIH, National Institute on Drug Abuse's Club Drugs Web Site **www.clubdrugs.org**
This site provides information on club drugs such as MDMA (Ecstasy), GHB, Rohypnol, Ketamine, Methamphetamine, and LSD. The site explains what the drugs look like, their effects, and the varied street names by which they are known.

HHS, NIH, National Library of Medicine (NLM) **www.nlm.nih.gov**
NLM is the world's largest library dealing with a single scientific/professional topic, carrying over 4.5 million holdings.

EXECUTIVE OFFICE OF THE PRESIDENT
White House Office of National Drug Control Policy (ONDCP) **www.whitehousedrugpolicy.gov**
This clearinghouse specializes in information on drug-use trends, drug-related crime issues, and national drug control policy.

U.S. DEPARTMENT OF JUSTICE (DOJ)
Drug Enforcement Administration (DEA) **www.dea.gov**
The DEA enforces the controlled substance laws and regulations of the United States.

U.S. DEPARTMENT OF LABOR (DOL)
Working Partners for an Alcohol- and Drug-Free Workplace **www.dol.gov/dol/workingpartners.htm** **www.dol.gov/asp/programs/drugs/party/party.htm**
The Department of Labor's Working Partners program serves as a central source of information about workplace substance abuse and the steps employers and business organizations can take to prevent it.

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) **www.eeoc.gov**
EEOC provides small employers with basic information about EEOC-enforced laws and processes.

U.S. SMALL BUSINESS ADMINISTRATION (SBA) **www.sba.gov**
The SBA provides financial, technical, and management assistance to help Americans start, run, and grow their businesses.

SBA, U.S. Business Advisor **www.business.gov**
The U.S. Business Advisor provides businesses with one-stop access to Federal government information, services, and transactions.

Additional Web Sites

Alcoholics Anonymous **www.aa.org**
An international fellowship of men and women who have had a drinking problem.

Al-Anon Family Groups, Inc. (Al-Anon/Alateen) **www.al-anon.alateen.org**
A mutual support program that helps families and friends (adults and youths) of alcoholics recover from the effects of living with the problem drinking of a relative or friend.

American Society of Addiction Medicine **www.asam.org**
A nonprofit organization whose mission is to educate physicians to prevent and treat dependence and addiction to alcohol, nicotine, and other drugs, and to prevent and treat related illnesses.

Caron Foundation **www.caron.org**
A nonprofit organization whose mission is to provide an enlightened, caring community in which all those affected by the sickness of addiction may begin a new life. The foundation provides rehabilitation services to adults, adolescents, and their families suffering from chemical dependency and related addictions.

Center for Substance Abuse Research (CESAR) **www.cesar.umd.edu**
CESAR at the University of Maryland, College Park, collects, analyzes, and disseminates information on the nature and extent of substance abuse and related problems in Maryland and nationally.

Child Welfare League of America (CWLA) **www.cwla.org**
CWLA is the oldest and largest national nonprofit organization developing and promoting policies and programs to protect America's children and strengthen America's families.

DisabilityInfo.gov **www.disabilityinfo.gov**
A comprehensive online resource specifically designed to provide information to people with disabilities. The web site provides access to disability-related information and programs available across the government on numerous subjects, including civil rights, education, employment, housing, health, income support, technology, transportation, and community life.

Hazelden **www.hazelden.org**
Hazelden is a nonprofit organization providing high-quality, affordable rehabilitation, education, prevention, professional services, and publications regarding chemical dependency and related disorders.

Inter-University Consortium for Political and Social Research (ICPSR) at the University of Michigan **www.icpsr.umich.edu**
Provides access to the world's largest archive of computerized social science data, including data on substance abuse and mental health.

Join Together **www.jointogether.org**
A national resource center for communities working to prevent substance abuse and to increase the public demand for treatment.

Miami Coalition for a Safe and Drug-Free Community **www.miamicoalition.org**
Provides information useful in the planning and implementation of successful community strategies and programs designed to reduce the problems of drug abuse, addiction, and directly related social issues in the Miami-Dade community.

Mothers Against Drunk Driving (MADD) **www.madd.org**
MADD is a nonprofit organization that aims to stop drunk driving, support victims of this violent crime, and prevent underage drinking.

National Association for Children of Alcoholics (NACoA) **www.nacoa.org**
NACoA is the education and advocacy group that works on behalf of the over 11 million children of alcohol- and other drug-dependent parents under age 18 in the U.S. Research-based resources are available on the web site to help caring adults learn more about providing support and information for these vulnerable children.

National Association of Alcoholism and Drug Abuse Counselors (NAADAC) **www.naadac.org**
NAADAC is the largest national organization representing the interests of alcoholism and drug abuse professionals in the nation. The NAADAC web page contains information on current legislation, certification, and membership.

National Association of Drug Court Professionals (NADCP) **www.nadcp.org**
NADCP seeks to reduce substance abuse, crime, and recidivism by promoting and advocating for the establishment and funding of Drug Courts and providing for collection and dissemination of information, technical assistance, and mutual support to association members.

National Center on Addiction and Substance Abuse at Columbia University (CASA) **www.casacolumbia.org**
CASA is a unique think/action tank that brings together all of the professional disciplines needed to study and combat all forms of substance abuse as they affect society.

National Council for Community Behavioral Healthcare **www.nccbh.org**
Keeps community behavioral health care organizations abreast of the rapid changes in behavioral health care and vigorously advocates for the issues most critical to their success.

National Council on Alcoholism and Drug Dependence (NCADD) **www.ncadd.org**
NCADD is an organization that fights the stigma and the disease of alcoholism and other drug addictions. It provides education, information, help, and hope to the public through offices in New York and Washington and a nationwide network of affiliates.

National Families in Action **www.nationalfamilies.org**
Provides accurate drug information to parents and young people.

Partnership for a Drug-Free America **www.drugfreeamerica.org**
The Partnership's purpose is to reduce the demand for illegal drugs by changing public attitudes about drugs and making drug use less acceptable and glamorous. This site provides specific drug information and the most frequently asked questions on drug-related topics.

The Robert Wood Johnson Foundation **www.rwjf.org**
The Robert Wood Johnson Foundation is the nation's largest philanthropy devoted to health care.

Wisconsin Clearinghouse for Prevention Resources **www.uhs.wisc.edu/wch**
The Wisconsin Clearinghouse for Prevention Resources, a part of the University Health Services at the University of Wisconsin-Madison, provides educational materials and training information.

Single State Agency (SSA) Directory

ALABAMA
Mr. J. Kent Hunt
Associate Commissioner for Substance Abuse
Alabama Department of Mental Health and Mental Retardation
RSA Union Building
100 North Union Street
Montgomery, Alabama 36104
Phone: 334-242-3953
Fax: 334-242-0759

ALASKA
Ms. Karen Pearson
Acting Director
Division of Alcoholism and Drug Abuse
Alaska Department of Health and Social Services
P.O. Box 110607
Juneau, Alaska 99811-0607
Phone: 907-465-2071
Fax: 907-465-2185

ARIZONA
Ms. Christy Dye
Program Manager
Bureau of Substance Abuse Treatment and Prevention
Division of Behavioral Health Services
Arizona Department of Health Services
2122 East Highland Street, Suite 100
Phoenix, Arizona 85016
Phone: 602-381-8999
Fax: 602-553-9143

ARKANSAS
Mr. Gary Horton
Team Leader
Arkansas Alcohol and Drug Abuse Prevention
5800 West 10th Street, Suite 907
Little Rock, Arkansas 72204
Phone: 501-280-4501
Fax: 501-280-4532

CALIFORNIA
Ms. Kathryn Jett
Director
Department of Alcohol and Drug Programs
1700 K Street, Fifth Floor
Executive Office
Sacramento, California 95814-4037
Phone: 916-445-1943
Fax: 916-323-5873

COLORADO
Ms. Janet Wood
Director
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NATIONAL ALCOHOL AND DRUG ADDICTION RECOVERY MONTH CUSTOMER SATISFACTION FORM

We would like to know about your efforts during the month of September. This information will be used to determine the usefulness of these materials and will also help the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment plan for future outreach materials. Please complete this form and return it by mail or fax to the address below by October 31, 2003. We encourage you to provide photographs and/or samples of supporting materials. Your response is voluntary, but your input is essential to our efforts to improve ***Recovery Month*** materials for future years.

Name	Title
Organization Name & Address	Phone & Fax Numbers
Please provide a brief description of your event or major activities. (Please attach additional sheets, if necessary.)	
Did you receive media coverage? If yes, who covered your event? (Please attach a brief summary or copies of articles.)	

Using the following scale, please rate the following kit materials.

	Very Useful	Useful	Somewhat Useful	Not Useful
Planning Partners				
Additional Resources				
Single State Agency Directory				
Overview of Co-occurring and Co-existing Disorders, Substance Abuse Disorders, Treatment, and Recovery				
Youth				
Workplace				
Community-Based and Service Organizations				
Health Care Providers and Payers				
Treatment and Recovery Communities				
Justice and Child Welfare Systems				
Join the Voices for Recovery				
Promotional Event Ideas				
Sample Proclamations				
Sample Press Release				
Sample Media Advisory				
Sample Op-Ed				
Radio Public Service Announcements (live-read announcer scripts)				
Logo Sheet				
Letterhead				

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National Alcohol & Drug Addiction Recovery Month

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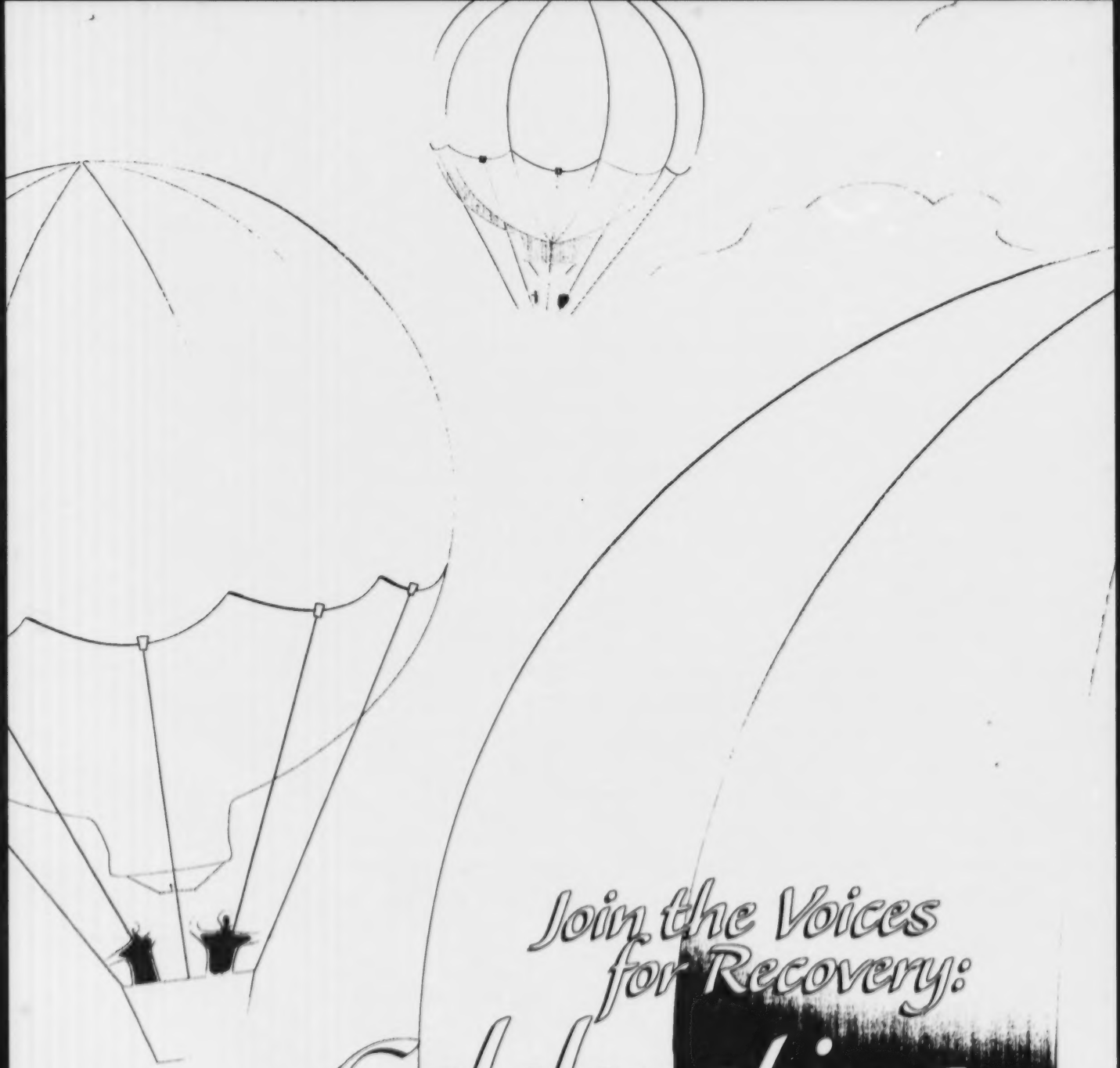
12/31/2005



Join the Voices for Recovery:

Celebrating Health

National Alcohol & Drug Addiction Recovery Month

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
www.samhsa.gov

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In September 2003, we'll celebrate the 14th annual ***National Alcohol and Drug Addiction Recovery Month (Recovery Month)***. The month is set aside to highlight the strides made in substance abuse treatment, and to educate the public that addiction is a chronic, but treatable, public health problem that affects us all.

To address this issue, the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT), within the U.S. Department of Health and Human Services (HHS), in conjunction with its national planning partner organizations and treatment providers, has created this comprehensive user-friendly toolkit.

The kit helps you deliver the message that recovery from drug and alcohol addiction can become a reality by utilizing accredited professionals and programs, family support, and peer help services. It allows you to easily tailor a community outreach program to match your time and resources, and to help you educate key community constituent groups.

This year's kit focuses on substance abuse disorders, co-occurring disorders, and co-existing disorders. Substance abuse disorders refers to alcohol abuse as well as use or misuse, dependence, and addiction to legal or illegal drugs. Co-occurring disorders occur when a mental disorder and alcohol and/or drug addiction are present in a person simultaneously. This issue is of major importance, and in late 2002, SAMHSA published a ***Report to Congress on the Prevention and Treatment of Co-occurring Substance Abuse Disorders and Mental Disorders***, outlining the human, social, and economic costs of co-occurring disorders, and the toll they take on families, communities, and the nation. Co-existing disorders occur when a substance abuse disorder is accompanied by other conditions, both medical and social, such as cognitive, developmental, and physical disabilities, HIV/AIDS, alcohol-related birth defects, chronic homelessness, hepatitis C, hypertension, heart disease, and diabetes. Both co-occurring and co-existing disorders can complicate treatment.

This year's theme, ***"Join the Voices for Recovery: Celebrating Health,"*** encourages everyone to help incorporate community treatment and recovery services as an integral part of the public health system. Implementing an effective ***Recovery Month*** campaign takes only six simple steps.

1. Read through the kit and familiarize yourself with its contents.
2. Select two or three key constituent groups in your community to target.
3. Select activities to accomplish your objectives.
4. Plan and execute the activities you selected.
5. Post your event on the official ***Recovery Month*** web site at http://www.recoverymonth.gov.
6. Complete and return the Customer Satisfaction Form (see Resources) and share the success of your campaign and the lessons learned from it.

Whether this is your first ***Recovery Month*** campaign or you are building on past efforts, the kit provides everything you need, including: materials tailored to key constituent groups with concrete steps for improving treatment and recovery, templates that you can customize, and suggestions for informing your community about treatment and recovery success stories.

If you would like to order additional kits free-of-charge or download a PDF version of the kit, visit http://www.recoverymonth.gov, or call SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686 or 301-468-2600, or 1-800-487-4889 (TDD). The web site also provides additional planning resources, media updates and alerts, web events, and an official record of national activities.

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MEDIA OUTREACH

Select two or three media communiques from the samples provided to broaden awareness that substance abuse treatment needs everyone's involvement to make it work in your community.

Sample Media Advisory—A one-page media alert about an event you want local press to cover. This sample illustrates the format, basic information to include, and suggests methods of distribution.

Sample Press Release—A guide for your own releases about special activities your organization is planning to promote ***Recovery Month***.

Sample Op-Ed—An opportunity to express a strong opinion on a particular issue. Tailor this sample to your needs, or use it as a guide for your own article.

Sample Proclamations—Two different versions that allow you to tailor a proclamation that can be issued by mayors, governors, or other leaders to promote and encourage support of ***Recovery Month*** in your community.

Promotional Event Ideas—Suggestions to publicize and commemorate ***Recovery Month***.

Radio PSA Scripts—Announcer-read public service announcement scripts promoting ***Recovery Month*** that can result in free air time.

Logo Sheet—Camera-ready artwork of the official logo for ***Recovery Month*** is provided for customization of your materials.

Letterhead—Camera-ready artwork to copy for your ***Recovery Month***-related correspondence.

TARGETED OUTREACH

Select key constituent groups to help you promote substance abuse treatment services in your community. Use the fact sheet designed for that audience—or a combination of fact sheets—to create an information packet to disseminate. At the end of each fact sheet are suggested action steps to help your audience start or expand their involvement. Also included are statistics, examples of success stories, and resources to help you promote *National Alcohol and Drug Addiction Recovery Month*.

Fact Sheets Include:

- Overview of Co-occurring and Co-existing Disorders, Substance Abuse Disorders, Treatment, and Recovery
- Youth
- Workplace
- Community-Based and Service Organizations
- Health Care Providers and Payers
- Treatment and Recovery Communities
- Justice and Child Welfare Systems
- Join the Voices for Recovery

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PARTNERS

Planning Partners—A comprehensive list of organizations that are participating in planning this year's ***National Alcohol and Drug Addiction Recovery Month*** observance.

RESOURCES

Additional Resources—A list of relevant substance abuse treatment-related clearinghouses and resource centers; Internet addresses of online web sites; and pertinent national organization addresses, telephone numbers, and web sites.

Single State Agency Directory—State drug and alcohol abuse office contacts for local information and support.

Customer Satisfaction Form—Please share your reactions to this year's kit and the initiatives you implemented in your community. Directions are provided on the form.

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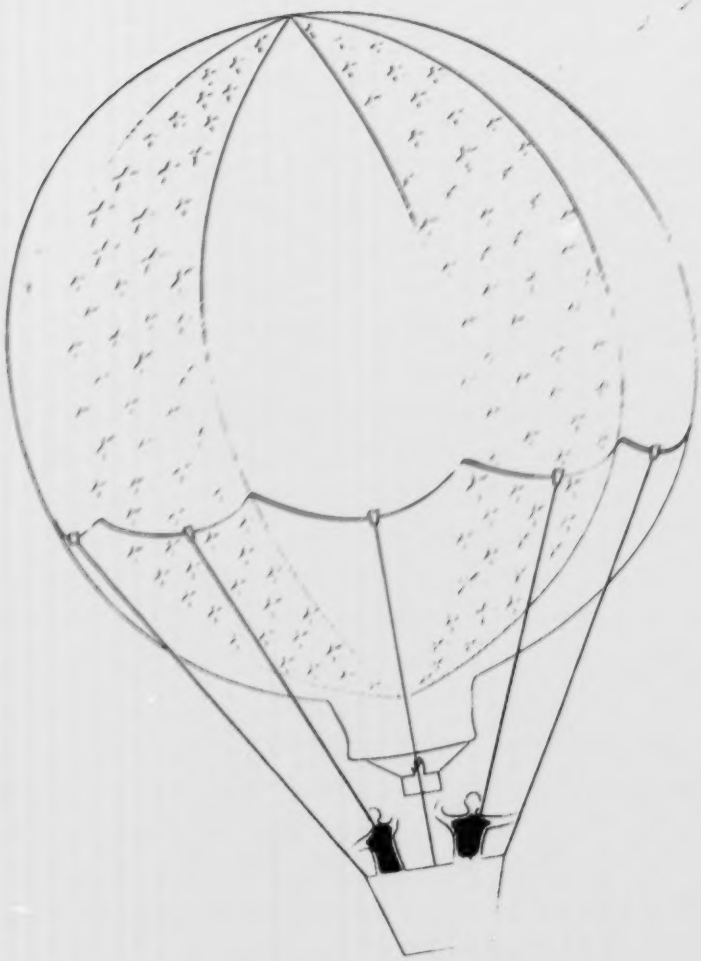

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Substance Abuse and Mental Health Services Administration
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